Canadian Hospital

- *The Heart of the Matter*
- *Changing Picture of Hospital Finance*
- *Manitoba and Ontario Hospital Conventions*

December, 1952

Official Journal—Canadian Hospital Council

Confidence . . .

well-placed

To serve its community well, a hospital must have the complete confidence of every citizen . . . confidence in the fact that their physical well-being, their very life at times, is entrusted to well-trained and competent personnel using the most modern facilities.

The hospital staff, in turn, must be confident that their equipment is the finest obtainable. It is confidence well-placed when every member of every department is certain that the instruments or machines he uses were made to help him better perform his duties.

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We of The Canadian Laundry Machinery Co. are proud of the confidence placed in us by the many hospitals whose laundry departments we have planned and equipped. We are proud to have earned this confidence by the dependability and thoroughness of our survey and advisory service, and by our Company's many years of experience in building laundry equipment for hospitals of every size and type.

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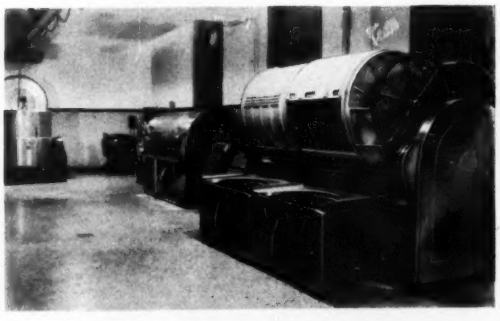

At HOSPITAL du ST.-SACREMENT, Quebec, Que., the completely modernized laundry department was planned and equipped by The Canadian Laundry Machinery Co., Ltd. Pictured at right are two CASCADE Automatic Unloading Washers with Full-Automatic Washing Controls, a 36x18" End-Loading CASCADE Washer, 30" Solid Curb Extractor and hoist-loaded 54" NOTRUX Extractor.

Contents

Vol. 29 **December, 1952** No. 12

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Canadian Hospital Council

The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments, the Canadian Medical Association, and the Blue Cross Plans.

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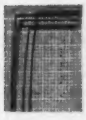

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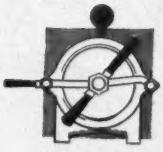

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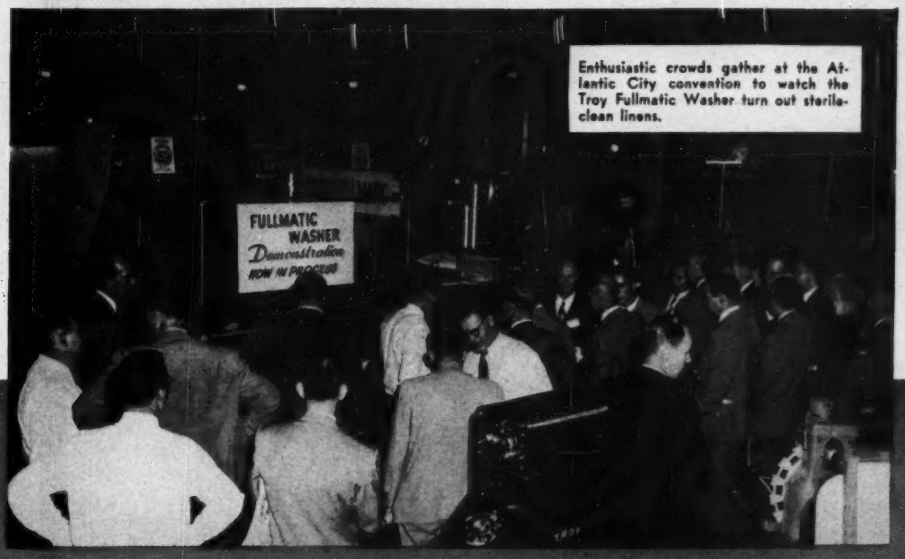

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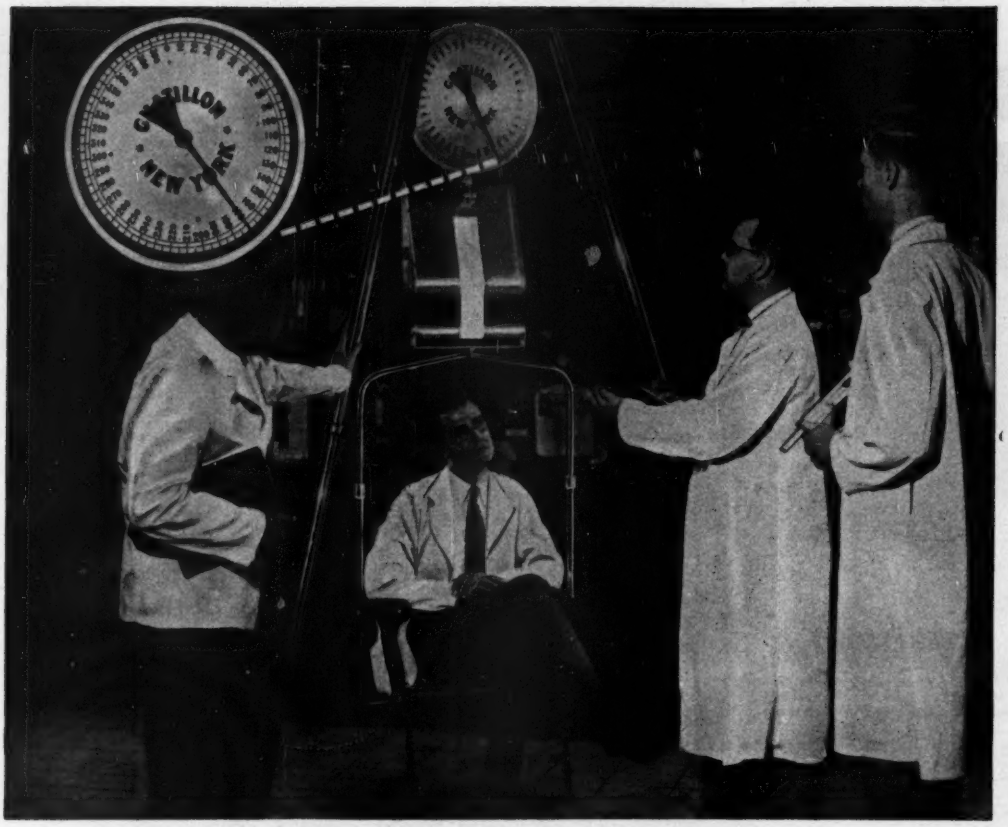

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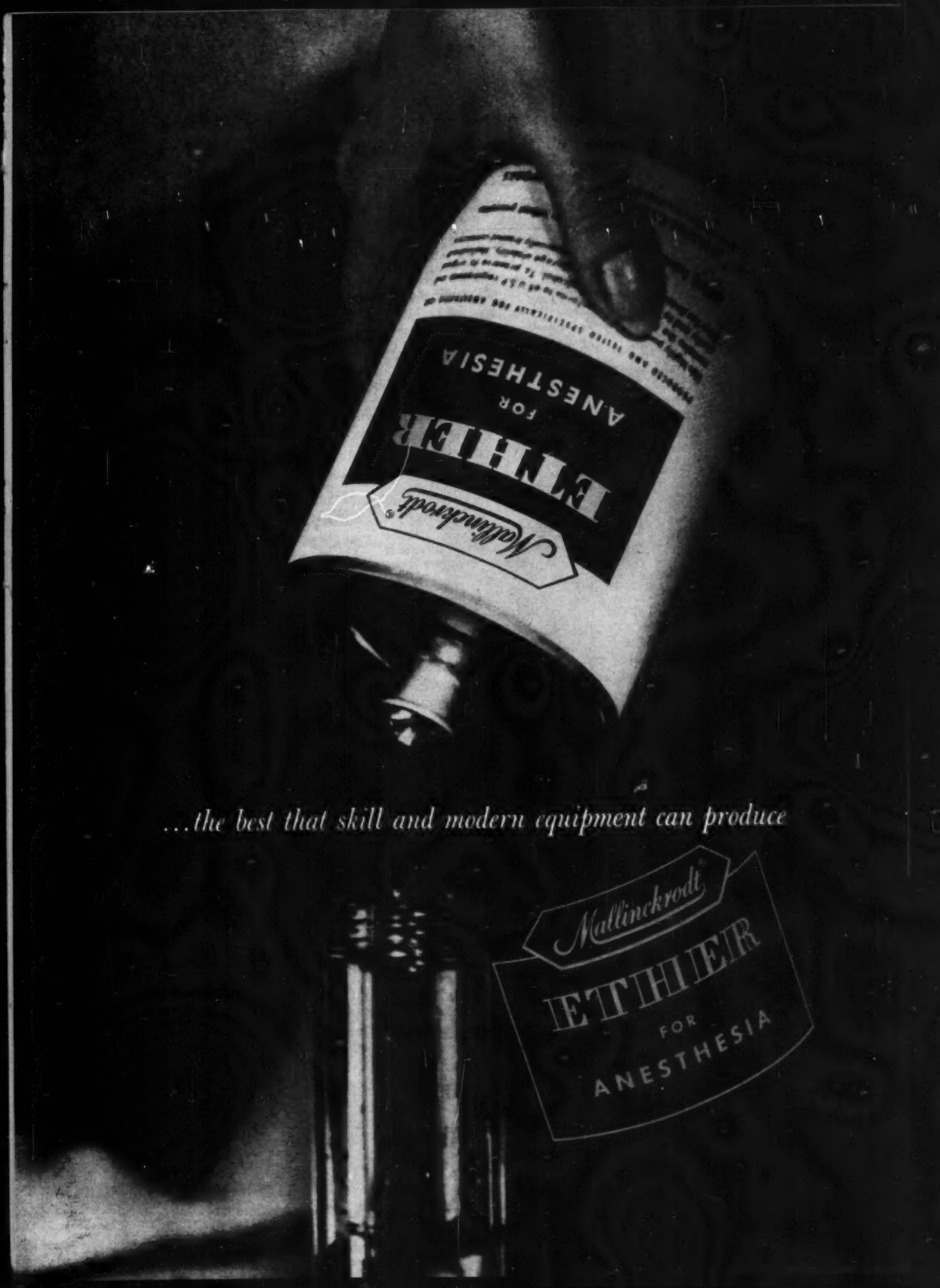
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◂ Notes About People ▸

Mrs. T. J. Lytle

A well-known and beloved figure in women's hospital auxiliary circles, Mrs. T. J. Lytle, died on October 24th at the age of 67, at her home in Toronto, after an illness of several months.

Mrs. Lytle's activities on behalf of hospitals and of people have been many and varied. During the First World War, she served as a V.A.D. at Royal Herbert Hospital, Woolwich, England, where she spent two and a half years. After the war, she completed her nurses' training at the Hamilton General Hospital, Hamilton, Ont., and then became matron of the Mineral Springs Sanatorium. In World War II, she served with the emergency service of the Red Cross.

To the field of hospital auxiliaries especially, Mrs. Lytle devoted a great deal of time and energy. She had served for seven years as president of the Women's College Hospital Auxiliary and had been made a life member of that organization. For the past two years, she had been president of the Women's Hospital Auxiliary Association, Province of Ontario. The association had planned to present Mrs. Lytle with a life membership during the time of their annual meeting; the honour was awarded posthumously. Also active in the national aspects of hospital auxiliary work, Mrs. Lytle had served on the new National Council of Hospital Auxiliaries of Canada as secretary.

A zealous church worker as well, Mrs. Lytle had been a member of various church choirs and of the Mendelssohn Choir in Toronto. She will long be memembered and greatly missed by her many friends and fellow-workers.

Mrs. T. J. Lytle

* * * *

Appointed Assistant Director of Federal Health Insurance Studies

Oliver Leroux, M.D., Ottawa, has been appointed an assistant director of health insurance studies in the Department of National Health and Welfare. He will work under Dr. F. W. Jackson, director, in administering the federal grants to the provinces for the extension and development of their health services.

A graduate in arts and science from the University of Ottawa and in medicine from the University of Montreal, Dr. Leroux practised in Grenville, P.Q., for two years prior to taking post-graduate study at Milbank College, London, Eng. In 1935, he joined the Royal Army Medical Corps and held administrative posts in India, Burma, and Jamaica. He left the army in 1947 with the rank of lieutenant-colonel. That year he joined the federal health department as a medical officer at the Miller Bay Indian Hospital, Prince Rupert, B.C., and later came to Ottawa as regional medical superintendent for Indian Health Services in Quebec. In Jan., 1948, he was appointed an assistant director of Indian Health Services.

* * * *

Joseph H. Harris

On Oct. 25th, Joseph H. Harris, M.P., died in Toronto, at the age of 63. In hospital circles, Mr. Harris was well known for his activities on behalf of the Toronto East General Hospital. For the past 20 years he had served as chairman of the board and the new wing, which was completed in March, 1952, bears his name.

* * * *

New Deputy Minister of Health for Alberta

Dr. Ashbury Somerville has been appointed deputy minister of health for the province of Alberta. He had been acting deputy minister since the retirement last summer of Dr. M. R. Bow and before that had been assistant deputy minister.

* * * *

Harold E. Dale Appointed to Nanaimo, B.C.

Harold E. Dale, formerly assistant administrator of the Royal Jubilee Hospital, Victoria, B.C., has been appointed administrator of the Nanaimo Hospital, Nanaimo, B.C. He succeeds A. S. L. Corner, who has accepted the position of administrator at the Lachine General Hospital, Lachine, P.Q.

Graduating from the University of British Columbia in 1941 with the degree of Bachelor of Commerce, Mr. Dale became assistant accountant at the Vancouver General Hospital, a position which he held until 1949. In 1951, he graduated from the University of Minnesota with a degree of Master of Hospital Administration and spent his administrative residency at the San Jose Hospital, San Jose, California.

Harold E. Dale

RADIOGRAPHIC TECHNIQUE

3

Gradation

Once a film of the right characteristic has been chosen, gradation is governed by a proper combination of exposure time and kilovoltage. Of these, the most important factor is kilovoltage; if this is incorrectly chosen for the particular subject and film in use, no amount of adjustment of exposure will give satisfactory compensation, although small errors will be looked after by the latitude of the film.

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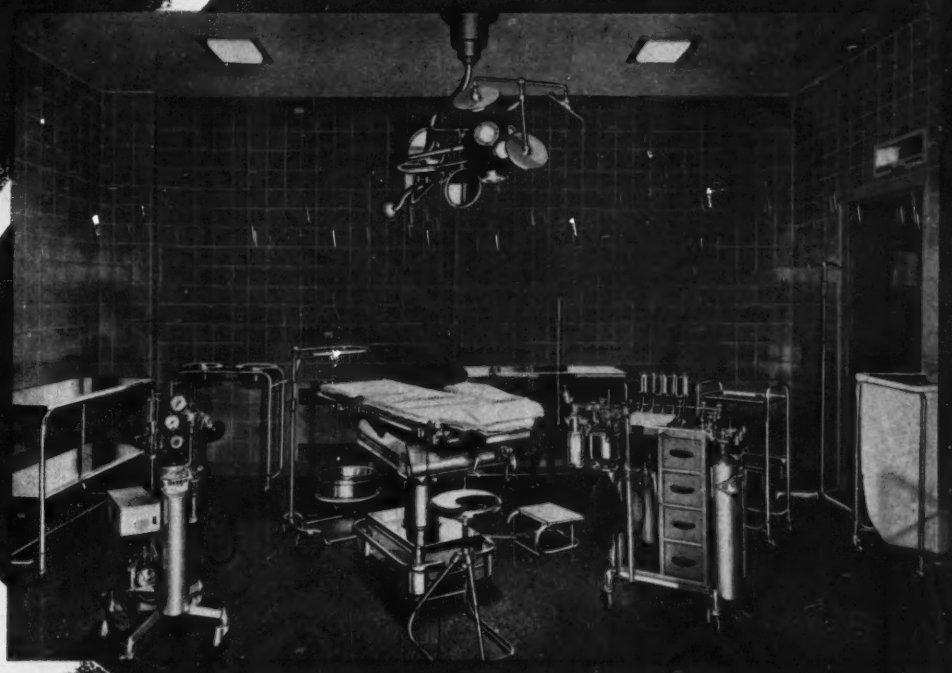

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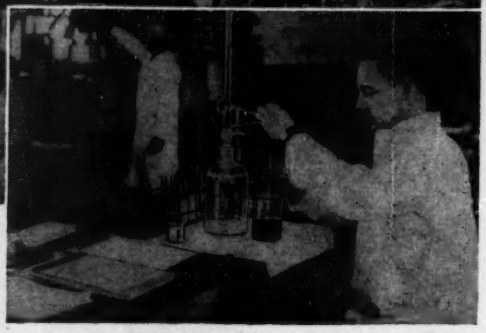

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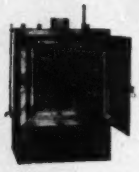

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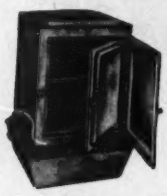

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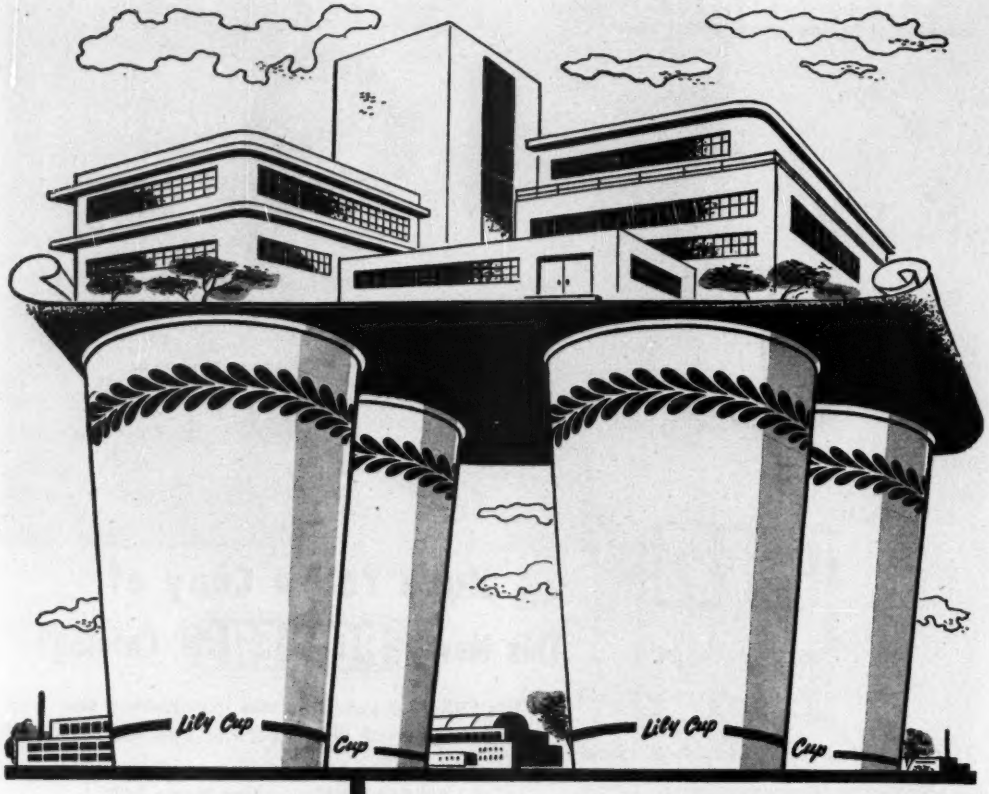

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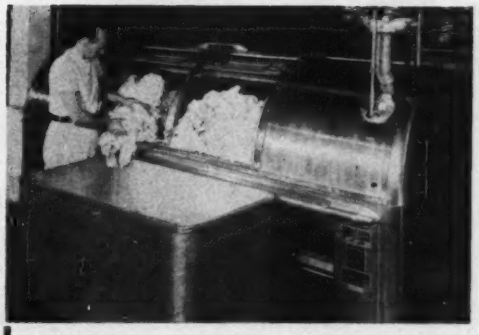

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12	.137	
	.169 x .128	
	.170 x .120	
14	.183	
16	.202	
18	.236	
	¼ x 1/16	
20	.260	
22	.288	
24	.312	
	5/16 x 3/16	
26	.338	
28	.367	
	3/8 x 1/8	
	3/8 x 1/4	
30	.393	
	7/16 x 3/16	
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A. L. Swanson, M.D., Editor

CANADIAN HOSPITAL

Toronto, December, 1952 Vol. 29 No. 12

Obiter Dicta

Are We Playing Pharoah Still?

AS long ago as 1100 B.C. the Pharoahs maintained elaborate dispensaries for the healing of the sick poor; but, with the decline of Egypt's power, these first clinics disappeared. Several centuries later, at the time of the great plague and fire in London, the system again came into use. The dual tragedy of plague and fire was in some ways a blessing because doctors, finding that they could not reach the vast army of patients, had the sick brought to them for free care in the College of Physicians Building, London. Thus the dispensary or out-patient service was reborn, to persist to the present day.

The out-patient department has *persisted* as a part of hospital service and our present-day "dispensaries" have kept pace with the great advances made in modern medical and hospital methods. As a part of the hospital, this department has every modern treatment method available; but do we present the improved techniques to our public in more acceptable fashion than the Pharoahs offered their primitive service?

Doctors are naturally loath to spend too many hours in out-patient or emergency services while their office expenses mount and their paying patients go elsewhere. The hospital, likewise, has shouldered a terrific burden in the form of staff time and over-all expense for which it receives small tangible compensation. Yet we are not only concerned with the sick poor, for more and more paying patients are finding their way to our "out-door" facilities. Busy doctors frequently refer patients for the odd suture, anti-tetanus injection, x-rays, et cetera. In large urban centres many patients have no family doctor and thus turn to the hospital centre; and there is always the accident case. Surely all these are deserving of humane care — which is not served by waiting long hours in dreary waiting rooms, watching their fellow sufferers, and then perhaps being told, "come back tomorrow, the doctor had to leave".

In an over-crowded and understaffed department, the standards of medical care may well leave much to be desired. All too frequently our newspapers carry accounts of patients who were treated and discharged from an out-patient or emergency service, only to die later from an unsuspected injury or illness. Perhaps these incidents could be prevented if there were more time for careful diagnosis. Certainly, the resultant publicity is hard to live down and one serious adverse court decision can cost enough to remodel a whole department.

Medical and hospital people must provide the care but can do so only with the whole-hearted support of the community. Basically, the health of the people is a community, provincial, and national responsibility; while the doctor with his skills and the hospital with its specialized facilities are the instruments for providing this care. There thus evolves a second responsibility of the doctor and the hospital, *i.e.* inform the community not only of the need and what is being done — but also what it costs. Does the community desire prompt, efficient, emergency and out-patient service? If so, it requires of us all both time and money.

However, there is room for improvement in our system even without the additional support that should be ours. We *can* attend to the comfort of patients by providing cloakroom space and other facilities. We *can* establish efficient appointment systems to eliminate much of the tedious waiting. Our auxiliaries *would*, if asked, provide reading material and other conveniences. We *can* instill a better attitude in our staff.

Our waiting rooms, now either empty or over-flowing, are in most cases sufficiently large, if there were properly scheduled appointments. Our medical and intern staffs are large enough in most centres to allow division of the work so that, if all pull together, still better service may be rendered without imposing on the few.

Although a small number of hospitals have actually streamlined their organization to a point where patients even resent the rushed impersonal feeling that results, most out-patient and emergency departments still resemble too closely those of Pharoah or early England. There is, in short, crying need for more efficient organization now — while we continue to press for the help the community must provide for itself.

Best Wishes ..... Meilleurs Voeux

ONCE again in this December issue of "The Canadian Hospital" it is my pleasure and privilege to extend Christmas Greetings and best wishes for the New Year to all members of the Canadian hospital family.

While the world scene is clouded by grim forebodings and disturbed by wars and rumours of wars, we in this country are singularly favoured by Divine Providence with conditions of peace and an abounding prosperity. More specifically, in the hospital field, conditions have permitted a wide-spread expansion and improvement of facilities for the care of the sick.

All of this should not be allowed to engender a feeling of complacency, but should serve as a spur urging us to redouble our efforts to achieve such measure of perfection as may be possible in the promotion of our primary mission—the care of the patient.

Many of you will have read an article on "The Cost of Illness" which appeared in a recent issue of MacLean's Magazine. In this article attention is called to the small army of hospital personnel participating in the care of each patient. To this army, the supporting echelons as well as the front ranks, may I express appreciation of a job well done.

O. C. Trainor, M.D.,
President,
Canadian Hospital Council.

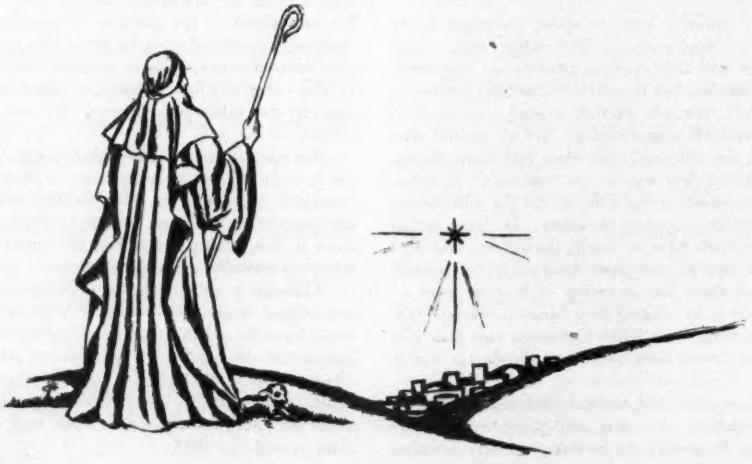
ENCORE une fois, dans ce numéro de décembre du "The Canadian Hospital", j'ai le plaisir et le privilège de transmettre tous nos meilleurs voeux pour Noël et le Nouvel An à tous les membres de la famille des Hôpitaux du Canada.

Tandis que la scène mondiale est obscurcie par de noirs présages et troublée par des guerres et des rumeurs de guerre, La Divine Providence nous a singulièrement favorisés, ici au Canada, où nous jouissons des conditions de paix et d'abondante prospérité. Plus particulièrement, dans le domaine de l'hôpital, ces conditions ont permis une plus grande extension et amélioration des facilités pour le soin des malades.

Tous ces avantages ne doivent pas susciter chez-nous un sentiment de complaisance, mais devraient plutôt nous encourager à redoubler nos efforts, afin d'atteindre le plus haut degré de perfection qu'il nous soit permis d'espérer, dans la poursuite de notre mission première—le soin du patient.

Plusieurs d'entre vous ont peut-être déjà lu un article intitulé "Le Prix de la maladie" (The Cost of Illness), paru dans un récent numéro du MacLean's Magazine. Cet article attire l'attention sur la toute petite armée que forme le personnel d'hôpital participant au soin de chaque patient. A cette armée, à ceux des rangs comme à ceux de l'avant-garde, qu'il me soit permis d'exprimer notre appréciation pour une tâche bien accomplie.

O. C. Trainor, M.D.,
Président,
Conseil des Hôpitaux du Canada



The Heart of the Matter

Sister B. Bezaire,
Administrator,
St. Paul's Hospital,
Saskatoon, Sask.

IN HOSPITAL administration, "the heart of the matter" refers to the moral responsibilities which rest upon those who are called to fill this position. These responsibilities have very far-reaching effects and the recognition of their role in the details of administration will determine in a very specific manner success or failure of the administrator. This recognition of our moral obligations will be a motivating force in determining policies, in making decisions, in departmental organization, and in every detail of every action or program we carry out.

The term "responsibility", is generally used in a loose manner, thus creating confusion in the minds of many people. It is often hard to determine exactly what is meant by the term—to whom are we responsible and why? What constitutes the area of our responsibility?

If looked at from the viewpoint of ethics, responsibility involves the question of a right conscience. Conscience is the practical judgment of the mind as to whether a thing is right or wrong from the standpoint of morals. In other words, to speak of responsibility, we must postulate, first of all, a right order established by our Creator; secondly, the existence of an obligation or duty to observe that order; and, thirdly, the existence of divine sanctions.

Responsibility, if it is well understood, is of a character which operates through the individual conscience and looks far beyond any sanction of mere social approval, public accreditation or standardization. It is a basic safeguard to the institution which we are called upon to serve. This responsibility "in conscience" will help us to attain and maintain the highest service which will benefit the patient, both physically and spiritually.

You have already surmised that this subject is as broad as it is deep and that there is enough material for volumes. Here, I wish only to bring to light the sources of this responsibility and offer a few examples of its application with the hope that it will help us all to be conscious of the sacred duty we have been called upon to fulfill.

Doctor Robert Hutchins, President of the University of Chicago, Chicago, Ill., believes that the successful administrator must be a person who should not *want* to administer but who must be forced to do so for public good. This simple sentence implies the distinction between the person who seeks to hold office and the one who wishes rather to render a service. They may enjoy the same title; their motivations are poles apart.

What does the term "administrator" mean? The word comes from a Latin word, meaning "one who ministers unto". Primarily, then, the person who holds this office is a servant. His master is the patient and as the loyal servant directs all his efforts to the welfare and good of his master so also those responsible in any degree for the administration of hospitals must bear in mind this sacred concept of duty. Thus it will permeate all their activities in the interest of the institution and of the patient as an individual.

What is responsibility? The word means "answerable to" or "accountable for". The hospital administration is answerable to those for whom the institution exists and to those whose goods are being administered. It is a fact that our actions have a social significance; how much more so, then, for the administrator who is a servant of the public.

Alienable and Inalienable Rights

A duty is a moral obligation to do or omit some action; a right is a moral power to do or to refuse to do something. Rights and duties, therefore, are co-relative; they are proper to human beings.

Rights may be natural or acquired, inalienable or alienable. Inalienable rights may be classified thus:

1. For man's mind, the right to truth;
2. For his will, liberty;
3. For his body, physical well-being;
4. For his honour, safeguard;
5. For his property, justice.

To abide by these inalienable rights of others is a duty to which we are bound in justice. It is that virtue by which we are prompted to give to everyone his due, that virtue which is at the very basis of human society.

We will deal here specifically with the right to physical well-being, inasmuch as we humans can contribute to it, meanwhile bearing in mind that man is a whole, of such a nature that his different components are affected by the welfare or injury of any one of its parts.

These are all facts of whose worth the administrator must be convinced to the point where they influence his judgments and actions, and everything which will affect his government. Without this foundation, his stewardship cannot be truly effective. This must be his philosophy because one necessarily leaves the seal of his own personality on that which he controls.

Responsibility, duties, and rights: we know what these are. The responsibility of the administrator may be summed up in the saying, "It consists in ordering the means to the end". The end of hospital care refers to the patient who seeks restoration of health, relief from pain, and physical well-being, through proper care which is

From an address presented at the seventh Western Canada Institute for hospital administrators and trustees, Vancouver, B.C., June, 1952.

his right. Let us not forget this. The means to attain this end is the harmonious functioning of the various hospital departments and services under a central control. We are sometimes tempted to forget that administration is *not* an end in itself, that hospitals are *not* industries, that true efficiency can *not* be realized by streamlined services, and modern technical procedures, if the patient is given only a remote and secondary place in the working of this machine. His is the first place and to his welfare, all services must be consciously and constantly directed.

Soul-Searching

If we were to ask any administrator who is the most important person in the hospital, the answer would be immediate and correct—"the patient". This is true in principle but is it so, in fact? Let us do a bit of soul-searching, each with regard to his own hospital, and according to the degree of responsibility shared with the administration, whether as superintendent, office manager, trustee, or other.

Here are some leading questions. Is our admission policy such that the patient is given the consideration he deserves or are we especially interested in streamlining our institution so that the proper number of forms will be made out and distributed to as many departments as necessary? Is punctuality the keynote of admission time? Does the deposit determine whether the patient will be admitted or asked to return when he is able to make proper provision for his upkeep?

I know that the above are all details which cannot be overlooked and which do help to make a department function smoothly. Yet, there will be a difference in how these details are dealt with, depending upon the primary motivation. In most articles which we find in magazines, I am impressed by the earnestness with which the authors stress the necessity of obtaining all the information as to ability to pay, et cetera, while we seldom see any article with a real and constant concern for the individual who needs our sympathetic approach and consideration, at the very moment he comes to hospital. Let us perform the administrative duties but let us not forget that these are means to an end.

Do we determine the grade of care according to need or according to the patient's ability to pay and because of his connections with influential friends? Does the very ill patient get the solitude and quiet which will help him through his most difficult days only if we have a guarantee of financial security? Are our ward regulations and routines rigidly arranged without regard for the patient's needs and designed only to meet our own exacting requirements? Or, do we know how to make them flexible without disturbing the harmony of the whole?

Our responsibilities do not end here. Let us look further. Do we invest hospital funds wisely and to the betterment of *patient* services? Do we exercise the proper control which will prevent wastage, which will make equipment last, which will prevent the disappearance of supplies, and will direct them to the channels where they will be used to the best advantage? There is material for thought in these instances, too. We are custodians of public funds and we must be faithful to our trust. The patient must get all the care to which he is entitled by need as well as by purchase. Wise economy and control will enable us to stretch the hospital dollar so that the best may be provided for the benefit of the greatest number of people, according to their need.

Proper organization of services makes not only for better service but often enables us to operate more economically either by preventing waste, by dispensing with extra helpers, or by permitting us to serve a greater number of people.

Provincial health schemes are being developed across the country. Such schemes make hospital revenue more secure. Do all administrators realize that, despite this fact, their budgetting must be just as conscientious and their organizations just as carefully supervised as they would otherwise be, "per force"? Do they bear in mind that the funds from which they draw come from the people they serve and that prodigality or inefficient control are unjust appropriation of monies? Social justice enters in this matter, too, and must not be overlooked by those who would recognize the sacredness of their trust. (In parenthesis here, and merely to complete the picture, it must likewise be stated that the various agencies, government or otherwise, who supervise these health schemes also have a grave responsibility in the administration of hospitals and are morally guilty if they deny the funds necessary for the proper exercise of the hospital's function or if they make unfair distribution of these funds.)

If we are guilty of any of these faults or if we do not conscientiously and constantly bear in mind our grave moral responsibilities as hospital administrators, then we are completely outside our element. We are like the unwise steward of the New Testament and we have missed the point almost as completely as did the little boy at his Sunday School class who, after listening to his teacher read the passage relating to the birth of Christ, made the following query: "When the Baby Jesus was born, did Holy Joseph pass the cigars around?"

When the administrator accepts his office, he accepts a charge which he is required to fulfill. He acknowledges that where there is a duty, a corresponding right exists—the right of the patient, the right of the financing body, the right of the entire hospital staff—all of which call upon his integrity, and his leadership to obtain the best possible results with the means at his disposal.

This relationship of rights and duties arises from natural laws, laws which guide society and whereby men are directed so that they can achieve happiness. They are orders or dispositions which human reason can discover and which the human will must follow in order to attune itself to the necessary end of all human beings. These laws are made known to us by reason and also through the medium of Divine Revelation; they are applied to the concrete situations of life by our own practical reason.

However, in most instances, we have been fortunate enough to receive more than these laws. Good literature, together with a speculative mind, can present to us in an orderly fashion the sound rational basis for our conduct. Ethics is a science with which the administrator must be familiar; and it must impregnate all decisions to be made, policies to be determined, et cetera.

Personnel

I have spoken of the moral responsibilities of the administrator to the patient through direct and indirect media. One may transfer and apply the same principles to all hospital personnel — doctors, nurses, professional and subsidiary help — all who come within the sphere of the administrator's philosophy of life. All these persons will be affected by his policies regarding working conditions, ward organization, retribution, proper and harmonious distinction between the various classifications of employees, by his earnest concern for the patient's well-being, by his awareness that he is the custodian of public funds, by his sense of equity in all phases of administration. The administrators must bear in mind, too, that high salaries are poor compensation for job-dissatisfaction, even if a raise in pay often appears to be the easiest and fastest solution to the problem.

It was not my intention that these remarks should convey the impression that administrators do not fulfill their responsibilities. However, I did intend and I do hope that they will help to make everyone more conscious of the breadth and weight of the burden which rests upon our shoulders as hospital administrators.

When our stewardship is over and our task on earth is done, may it be said of us as it was of our much-loved monarch, His late Majesty, George VI, "he was a good man". This goodness towards which we strive will be the basic safeguard of that which is committed to our care and it will help us to attain and maintain the highest quality of service to those in need.

I offer you this message as a challenge to your integrity as well as to your idealism and I leave you to meditate upon these words once uttered by a profound thinker: "If our life does not rise to the height of our ideal, then our ideal will come down to the level of our life". ●

Opening a Door

WITH the withdrawal of the American College of Surgeons' program of hospital standardization and the formation of the Joint Commission on Accreditation of Hospitals, we have seen the end of an era. There can be no question that the A.C.S. program, under the direction of our own Dr. Malcolm T. MacEachern, was one of the greatest contributions to improved hospital care that the world has known. This year the door has closed on that phase and on December 6th the College formally transferred its tremendous responsbility to the new Joint Commission which is under the leadership of Dr. Edwin L. Crosby. So with the ending of one era, a new begins.

Canadians have been watching the drama unfold and have gradually been coming to realize that an opportunity has suddenly but unobtrusively been laid before them. As one door closes, another must open. While the Joint Commission will undoubtedly carry on in a similar or even higher tradition than under the earlier program, it may be that we, as Canadians, can lift a latch and step across a threshold of our own—to greater vistas.

At the biennial meeting of the Canadian Hospital Council, May, 1951, it was resolved that "the Canadian Hospital Council set up a study committee to examine the matter and make a full report to the Canadian Hospital Council on the most feasible and practical plan to develop an adequate hospital standardization program for Canadian hospitals". Following this instruction, the directors of the C.H.C. established a committee on Association Relations. As part of their duties, members of this committee met with representatives of the Canadian Medical Association and the Royal College of Physicians and Surgeons (Can.) to consider the feasibility of establishing a Canadian program. It was definitely agreed that not only was a Canadian program highly desirable but that it was possible and practical, provided constituent members of the participating groups contribute their wholehearted support. From these initial meetings there has come into being the Canadian Commission on Hospital Accreditation.

Another duty of the C.H.C. Committee on Association Relations has been to investigate and consider the relationship between the American Hospital Association, the C.H.C., the provincial associations, and Canadian hospitals. Although no positive recommendations have been made, one concept applicable to a Canadian accreditation program has been evolved. That is—that the friendliest possible relationships must be maintained with the A.H.A. for mutual benefit and exchange of ideas. There is no thought of isolation but rather of continued or increased co-operation while establishing and maintaining our independence of thought and action.

Are Canadian hospitals as good or better than those of other countries? Have we capable trustees and administrative officers? In short, have we the knowledge and ability necessary to establish our own system of standardization for the inspection and evaluation of our own hospitals? The Canadian Commission on Accreditation firmly believes that affirmative answers may be given to each of these questions—with one proviso. The success of our own program will depend on the positive support of Canadian hospitals.

If we value our own autonomy and desire independence, we must be prepared to offer tangible as well as moral support. Such a program will require monetary backing—a little from each or an average of six cents per bed if every hospital in Canada contributes its share. Our medical men have already indicated that they will contribute an amount which will equal the hospitals' share but be on a much higher individual basis. Shall we keep pace with them, with other great nations, and with progress?

In order to ascertain the desires of our constituent hospital organizations, the Canadian Hospital Council has sent information to each provincial association, requesting an early indication of their wishes. If the mandate is plain, we shall then open the door to adulthood in our Canadian hospital movement.—*A.L.S.*

Hospital for Sick Children, Toronto

When the "Big Day" Arrives

Will he ever come?

EXCITEMENT rides high, the feeling of anticipation mounts, and young eyes grow big and bright as the happy thought of Santa's arrival comes closer to reality with each passing day. Yes, a Christmas party is a memorable event for any child and particularly, for the young patient hospitalized on this special occasion. In all hospitals, every effort is made to make this a joyous, festive event and The Hospital for Sick Children, Toronto, is no exception. In fact, as children form the entire hospital population, Christmas time brings with it a round of activities which would gladden the heart of any child.

The 1951 Christmas season was the first to be spent in the new hospital. Although the Christmas festivities have always been a part of the hospital's program, this one was something special. A tall, stately tree, glowing with shiny lights, graced the spacious rotunda. Throughout the entire building, decorations, appropriate to the season, set off the gleaming new surroundings.

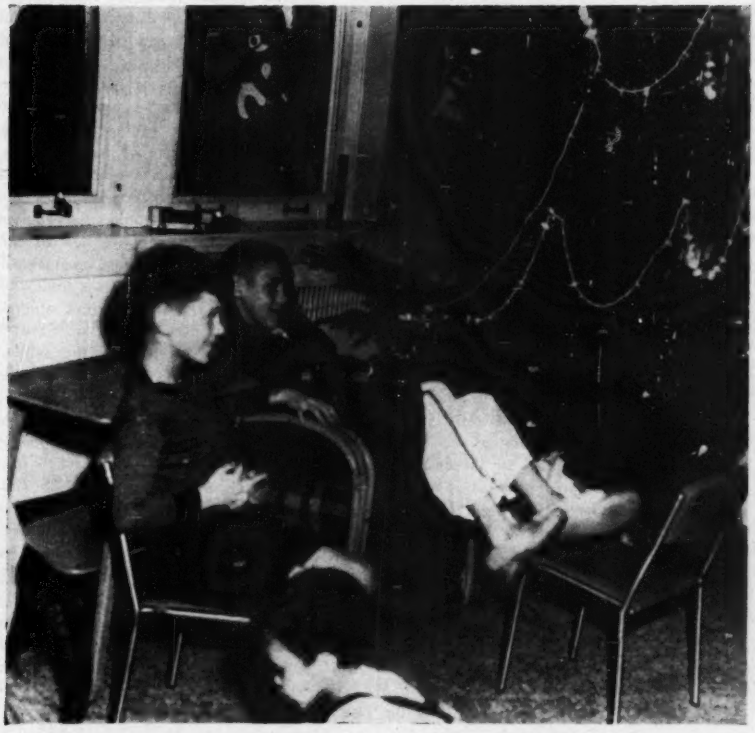
Preparations for the "big day", usually a day or two before December 25th, begin early and the children play an important part in the Christmas activity. More than willing to participate, the eager youngsters, under the guidance of the occupational therapy department, help the nurses cut, paste, and hang sparkling tin-foil icicles, red and green streamers, and jolly paper Santas. Each ward has its own decorations and gaily-lighted tree. Gifts, grouped according to age and tagged with the patient's name, are stored away in Santa's bag to be given out on his grand tour.

Then the "big day" arrives. The little patients listen eagerly for the first sound of the carols, sung by the student nurses' choir, echoing through the halls and gradually growing stronger until the sound of sleigh bells announces the arrival of Santa. Drawn in his sleigh by six trusty reindeer, he pauses to shake the hand of each child and distribute the gifts. Then off he goes, followed by a procession of clowns.

Although this is perhaps the most highly anticipated event of the season, many more treats await the youngsters during this festive time.—*J.McN.*

Santa forgets no one.

Six student nurses pull Santa's sleigh and interns, dressed as clowns, follow behind the procession.



It isn't Christmas without a glimmering tree and special decorations.

Hospital Finance

— *the Changing Picture*

John Hornal,
Administrator,
Peterborough Civic Hospital,
Peterborough, Ont.

THROUGH the ages, hospitals depended upon charitable gifts for their foundation and now, with these sources disappearing, they are being forced more and more to depend upon revenue from patients and governments at various levels. Perhaps a few statistics based upon the experience of hospitals in Ontario will best demonstrate this changing financial picture in just one decade.

In 1940, the average per-patient-day cost in all general hospitals in Ontario, excluding Red Cross Outpost hospitals, was $3.53 not including depreciation. In 1950, the comparable average per-patient-day cost was $9.54—an increase of 270 per cent. In 1940, the average per-patient-day income in all of the above hospitals was $3.97. In 1950, this income was $9.81—an increase of 247 per cent. Thus the important truth demonstrated in these figures is that costs have increased approximately 10 per cent faster than income.

Another important point to consider is that hospital costs have increased faster than has the general cost of living index. Let us examine the sources of income in 1940 and 1950. In 1940, 66 per cent of the hospitals' income came from patients; 2.9 from endowment; 5 from donations; 18.8 from municipalities; and 7.3 from the provincial government. In 1950, 76.1 per cent came from patients; 1.1 from endowment; 1.5 from donations; 5.3 from municipalities for treatment; 4.1 from municipalities for maintenance deficits; and 11.8 from provincial government.

You will note that 10 per cent more of the hospital's income came from patients in 1950 than in 1940, while the percentage from endowment and donations decreased from 7.9 per cent in 1940 to 2.6 per cent in 1950. The percentage from tax dollars decreased from 26.1 per cent in 1940 to 21.2 per cent in 1950. There was a substantial change in this phase of the picture in 1951 so it would not be wise to dwell on this percentage change too much until 1951 figures are available.

What is the most vital statistic to consider from these figures? Do we need to justify the abnormal increase in costs over a ten-year period? If so this can easily be done. Everybody knows the answers: the normal increase due to inflation; the shorter work week for hospital employees; a greater proportional increase in wages to hospital employees than to other workers because of the original low level of hospital wages; the more intensive treatment of disease with miracle drugs and modern surgery; the general improvement of hospital service throughout the country with more and more hospitals adding departments such as pharmacies, blood banks, laboratories, and physiotherapy departments; and even the tremendously greater amount of paper work required of hospitals today.

One very significant factor to be observed from this ten-year period is that while our costs were increasing 270 per cent we were able to increase the percentage of our total income received from patients by 10 per cent. This accomplishment was made possible partly by an increasing general level of prosperity, it is true; but the main factor has been the phenomenal growth of plans for the prepayment of hospital expense of which Blue Cross is a notable example. Without those plans this increase in patient income would not have been possible.

Another important factor is the decline in the percentage of income from donations and endowments. We all know the reasons for this, the chief being the disappearance of large fortunes, and the fact that new fortunes are not being built up due to our tax laws. This part of the hospitals' income represents a recognition on the part of many individuals that they are their brother's keeper. While hospitals will always wish to foster this type of income it does not appear that it can be depended upon to meet the financial challenges of the day.

What are these financial challenges?

1. Costs which have spiralled upwards and which may continue to increase;
2. The necessity of keeping subscribers to prepayment plans sold on maintaining their protection;
3. Persuading the various levels of government to meet the difference between costs and that portion paid by patients or charity.

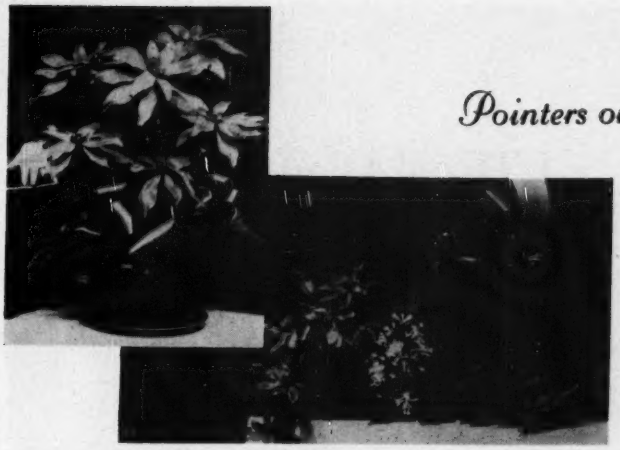
Government Aid

On what basis should government be persuaded to contribute? Is it because the cost of hospitalization is too high for the individual to bear and must be subsidized? An affirmative answer to that question is simply an admission that social aid is necessary for everyone. Is it because hospital service is a public service which should be free of taxation and hospital costs are highly inflated by taxation due to the effect of indirect taxes? It is true that hospitals are exempt from many taxes but the effect of income, sales, and excise taxes on the general cost of living and on our payrolls must not be overlooked. Should government contribute because of the cost of caring for the destitute whose incomes will not meet present high costs and who, for various reasons, are not able to insure themselves against such costs? These people surely need the help of the whole community and are definitely a government responsibility. Hospitals are on sound ground in asking for aid in providing care for these people.

What is our greatest danger? It is that of becoming down-hearted. It is so easy to say "let George do it". No one believes that our hospital services should be reduced. It is admirable that we have a community conscience that says, to paraphrase the slogan of a well-known local institution, "no sick person shall knock in vain". Voluntary prepaid insurance has worked so well that it seems logical to extend it one step further and make it univer-

From an address presented at a sectional meeting of the American College of Surgeons, Toronto, May, 1952.

Pointers on Poinsettias



Above left: Correct method of watering the poinsettia is to keep water from splashing, making the stream as gentle as possible.

Left: Imagination is necessary when decorating. Here, in flowing lines, flowers and evergreens have been arranged to represent Santa in his sleigh.

CHRISTMAS is one time when all of us put our imaginations to work on the art of decoration. Evergreens, pine cones, silvery tinsel, artificial snow and, of course, the favourite Yuletide plant, the poinsettia, are almost synonymous with this festive season. The brilliant red leaves, green stem, and flower of the poinsettia lend colour and grace to any decoration scheme. Placed in a nook or alcove it will make any sharp corner look less severe and add a Christmas touch at the same time.

An effective and pleasing arrangement is the combination of the poinsettia with another plant, such as the sansevieria. Place the two plants side by side, then conceal the container with sprays of evergreen, artificial snow or even a miniature Santa and reindeer. A grouping such as this blends the two plants into a single gay splash of Christmas-y greens and reds. Another excellent colour combination is the scarlet poinsettia harmonizing with dark green spruce or pine. The arrangement can be highlighted with a gleaming blanket of snow or angel hair. Another idea is to place two poinsettias against a fireplace where they will form dramatic red and green pillars.

When Christmas is over and the plant begins to wilt, it should not be thrown out as it is not dying. The plant should be stored in a cellar or cool room until April; then the stems will start to grow again. Now it is time to re-plant the poinsettia in a container with plenty of room left for the new roots. The soil should be rich and contain gravel or another good drainage material at the bottom.

At this time cut the plant until it is three or four inches high. By July, it can be planted outdoors in rich soil and sunlight, leaving ample room for the roots to grow. In Ocotber, when the nights get cool, bring it inside again to a room where the temperature is about 65 degrees. Follow these pointers and your poinsettia will have a beautiful bloom for another Christmas. — *Florists' Telegraph Delivery Association.*

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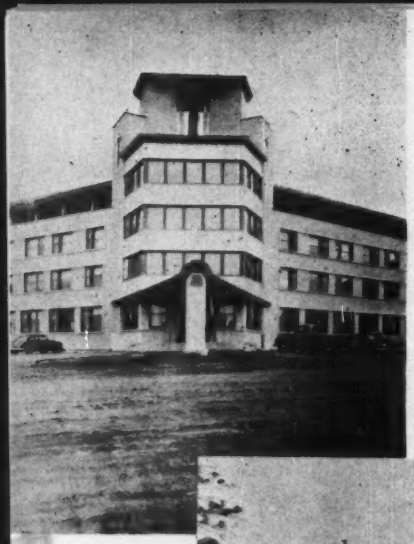
sal by making it compulsory. I feel that we are all conscious of the dangers of such a step, the greatest of which is the feeling on the part of the individual that he is entitled to any service which he might demand, a situation which could result in such a pressure for service in quantity that quality must be diminished. Another danger is the necessary regimentation of workers, which kills initiative. Competition is truly productive of waste but the improvements which come from the stimulation due to individual responsibility more than compensate for this.

One small community in Ontario has been meeting the challenge of high hospital costs by a co-operative hospital. In its early stages, this project has been phenomenally successful. Although this community may not always be able to maintain as successful a record, it has illustrated one fundamentally important thing—the success of co-operation when everyone in the group is conscious of the necessity of working together.

It is true that our government is one big co-operative but it is so big that the individual citizen loses the sense of his importance and of the importance of his actions. Our Ontario Blue Cross Plan for Hospital Care is a co-operative but it is so large that the individual subscriber is apt to forget that maximum use of his privileges tends to increase his own subscription rates and those of all his co-workers. It may be that Blue Cross Plans should take a leaf from the books of the fire insurance companies who spend considerable sums in promoting fire prevention measures among those covered by insurance and giving dividends when loss experience has been favourable. Possibly Blue Cross could follow the examples of firms covered by Workmen's Compensation who undertake extensive accident prevention campaigns so that their assessment may be kept as low as possible. Perhaps it would fall within the justifiable activities of Blue Cross to participate active-

(Continued on page 80)



L'Hôtel-Dieu de Montmagny

L'Hôtel-Dieu de Montmagny, inauguré en 1951, occupe l'un des plus beaux sites de l'Est de la Province de Québec. Face au fleuve saint-Laurent qu'il domine de toute son étendue, l'édifice est entouré d'un bosquet de conifères qui lui fournit un paysage permanent.

Ce nouvel hôpital a été fondé par l'Hôtel-Dieu de Lévis, à la demande d'un groupe de citoyens de Montmagny désireux de répondre à une besoin d'hospitalisation des plus urgents en cette région.

Le plan de l'Hôtel-Dieu de Montmagny est l'oeuvre de Monsieur Félix Racicot, architecte et ingénieur civil, de Saint-Laurent du Fleuve. La capacité de l'hôpital est de 150 lits, avec possibilité d'augmentation pouvant aller jusqu'à 200 lits moyennant l'érection de certaines divisions laissées en suspens dans les extrémités des ailes postérieures.

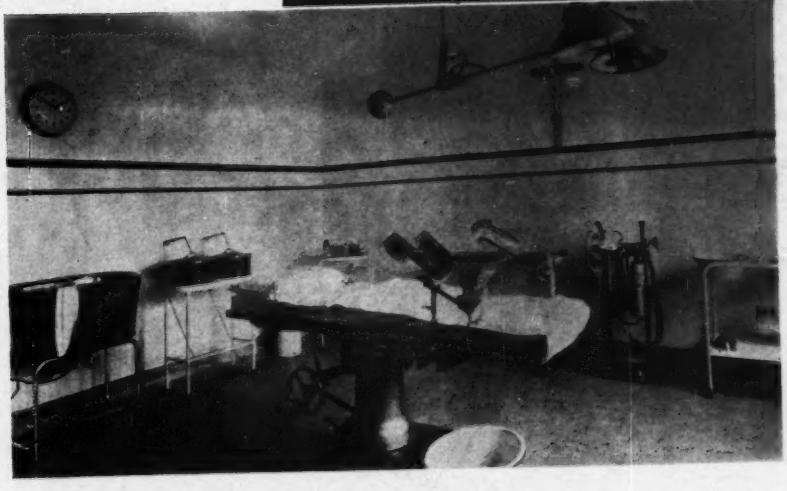
On y trouve institué de la façon la plus moderne et la plus compétente tous les services d'un hôpital efficace. L'organisation générale, tant administrative que médical et technique répond aux méthodes les plus pratiques et les plus adéquates d'une bonne administration, avec économie de temps et de personnel.

La construction de cet hôpital, au coût de $1.17 du pied cube, a pu être réalisée grâce à l'aide financière apportée par une généreuse souscription de la population de Montmagny et des alentours, ainsi que par les octrois substantiels des gouvernements fédéral et provincial. Depuis l'ouverture, en mai 1951, au-delà de 3,500 patients y ont été traités. L'Hôtel-Dieu de Montmagny est dirigé par Hospitalières de la Miséricorde de Jésus, de l'Ordre de Saint-Augustin.

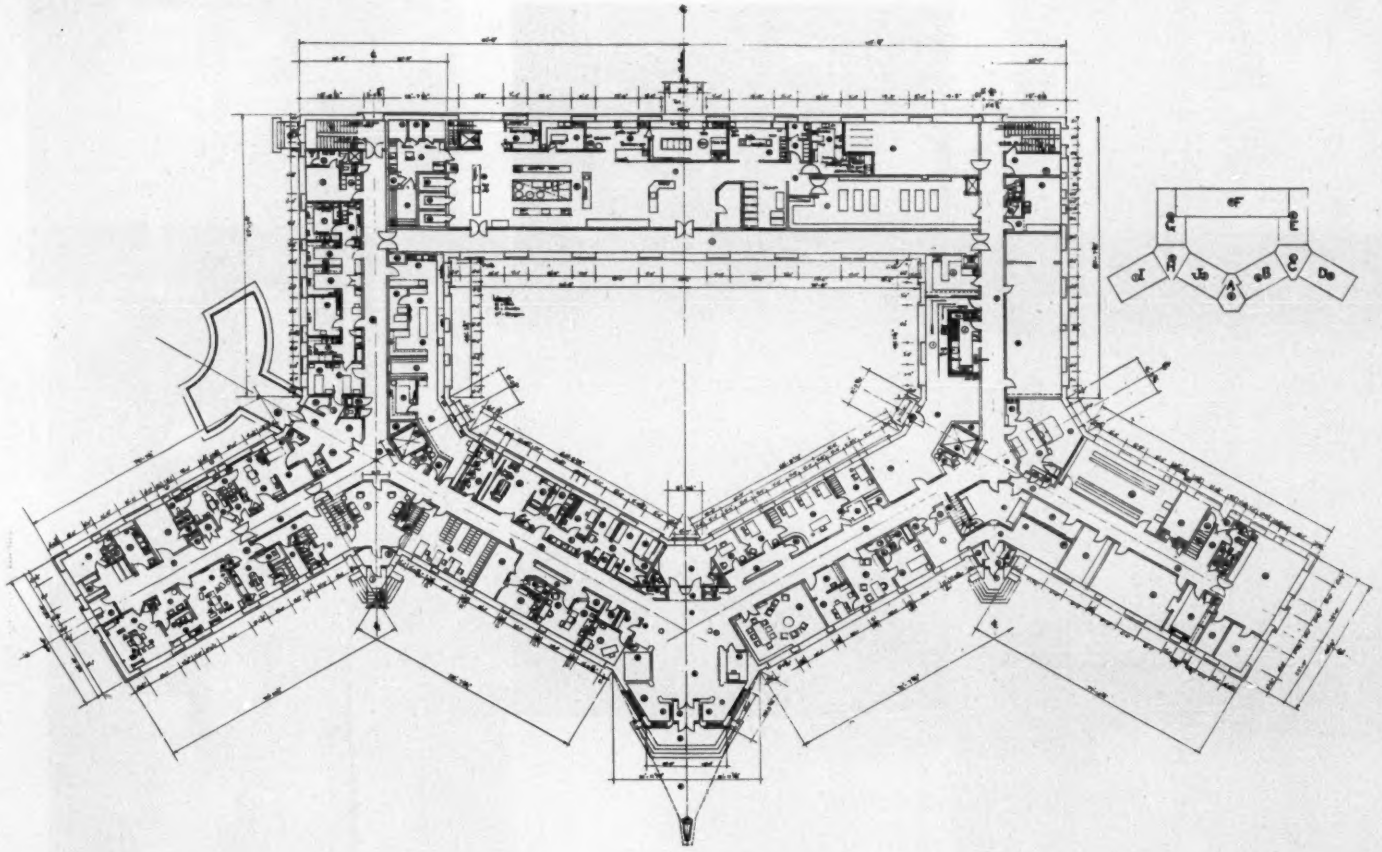
Pouponnière

Salle d'entrée

Chambre privée

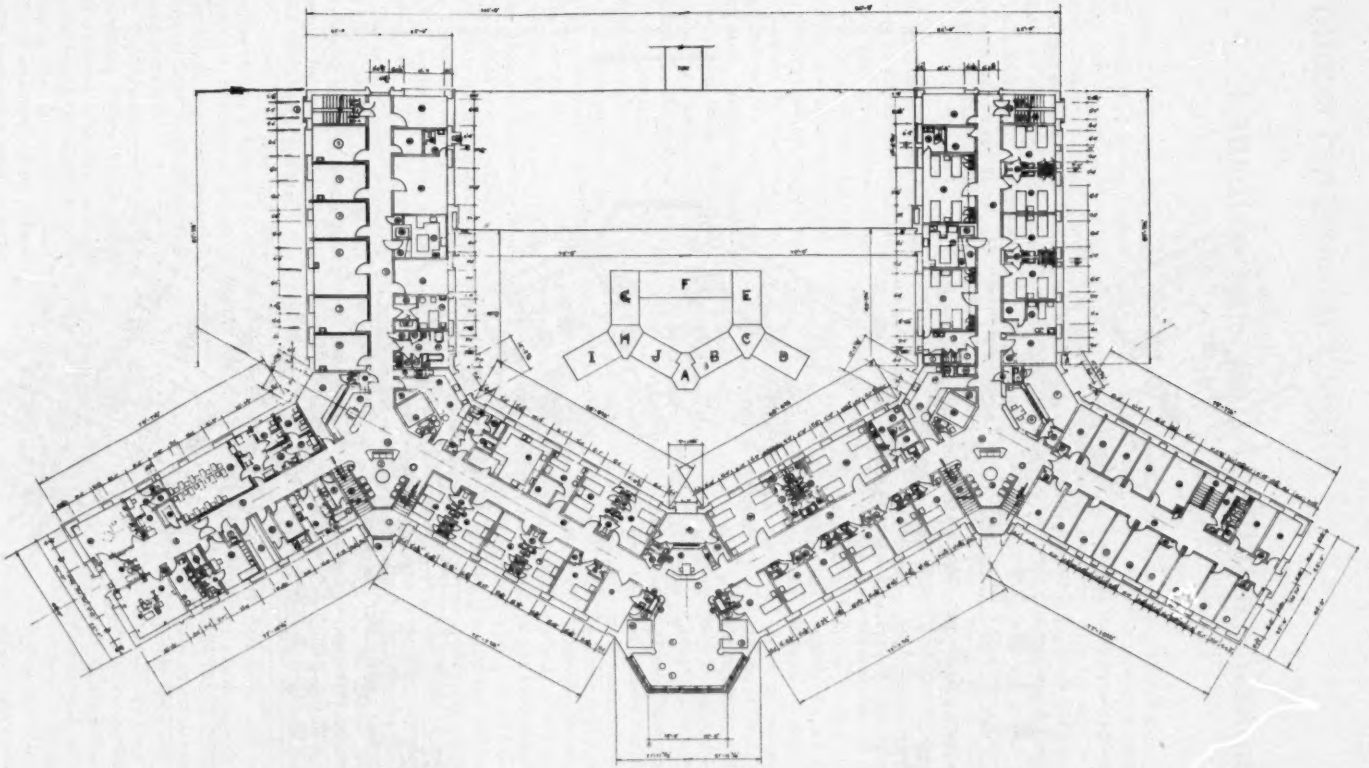


Salle d'accouchement



Rez-de-chaussée

Au rez-de-chaussée se trouvent les facilités suivantes: A — bureau d'information et salles d'attente; B — bureaux d'admission et d'administration; C et D — parloirs, salle de communauté et chapelle des religieuses; E — cafétéria et chapelle publique; F — cuisine centrale et cafétéria principal; G — laboratoires; H — pharmacie; I — deux salles d'opération, salle d'opération d'urgence et chambre des fractures; J — admission, rayons-x, et traitements.



Premier étage

Les sections B, D, E, G, et J contiennent les chambres des patients. Le département de maternité et la pouponnière sont dans la section I. Les sections A, C, et H contiennent surtout les postes d'infirmières, ascenseurs, facilités diverses.

Basement Plan

Dominion Statistician Extolls

Canadian Hospital Accounting Manual

The address by Herbert Marshall, Dominion Statistician, to the Hospital Accounting Institute held in Ottawa in September, contains a message of congratulation and encouragement to hospital people all across Canada whose aim it is to achieve uniform accounting procedures in the hospitals of this country. Mr. Marshall spoke as follows:

AS the Dominion Statistician, I am glad to be able to meet some of the people who are involved in the work of completing our hospital reporting schedules. It is particularly gratifying to see these people get together voluntarily to study the schedules and to exchange information about the accounting and recording problems which lie behind them. We are delighted to see the excellent work which is being done by the hospital associations and the Canadian Hospital Council in organizing these institutes with the aim of bringing about uniform accounting procedures in hospitals all across the country.

The key to this uniformity is the Canadian Hospital Accounting Manual, which I think is a remarkably competent effort on the part of its authors and one which will certainly stand very favourable comparison with similar texts anywhere.

The idea of a standard accounting manual for Canadian hospitals has been simmering in the heads of a good many people for some years; but the Dominion-Provincial Conferences on Hospital Statistics in 1949 and 1951 brought the matter to a head by recommending new financial schedules which were more comprehensive and in some respects more detailed than those being used previously.

Those Conferences represented the only important review of Canadian hospital statistics since the national system was introduced about 20 years ago. During that 20 years we have seen a great expansion in the volume of hospital care and a great improvement in the quality of hospital services. At the same time significant changes have taken place in the conditions which keep people in hospital. The infective and contagious diseases have declined in importance while chronic and disabling conditions have come to the forefront as major public health problems. These changes have all been reflected in the growing complexity of hospital administration.

During the same period, hospital costs have been rising continuously. We have long since passed the point where the financial burden of running our hospitals could be shouldered by voluntary groups and municipalities and, as a result, both the provincial and federal governments have become more deeply involved in the problems of hospital financing.

It is quite clear that in order to understand these complex problems properly we need to have statistics of the highest possible quality; and the primary aim of the two Dominion-Provincial Conferences, I have mentioned, was to find out from the provincial governments and the hospital authorities themselves what statistical information was needed and in what way the information could best be collected from the individual hospitals.

It became evident at the second Conference that if all hospitals were going to be expected to complete the financial schedule accurately and uniformly, they were going to need some help. We in the Bureau undertook to issue a booklet of instructions and definitions which would be as clear and simple as we could make it but we also realized that in itself this was not enough. What was needed was a manual which could be used on a day-to-day basis by hospital accountants as a guide in keeping their accounts in a proper business-like way in accordance with accepted accounting principles and which, at the same time, would help the accountants or auditors to summarize the financial operations at the end of the year on the Bureau's financial schedule.

It seemed, therefore, that the time had arrived when the governmental requirements co-incided with the long-felt need of the hospitals themselves for a standard accounting text. Fortunately for all of us the Canadian Hospital Council at that time was headed by two real live wires in the persons of Dr. L. O. Bradley and Mr. Murray Ross; and under their leadership the manual was begun and completed in a little over six months.

I think that the best tribute which can be paid to the manual is that it is an unqualified success in spite of the fact that you in the hospitals and we in the Bureau of Statistics are bound to look at it from two essentially different viewpoints. From our point of view it is an indispensable aid to accurate and uniform reporting for provincial and national statistics. From your point of view it is a stepping-stone to first-class hospital administration across Canada.

The manual reconciles these points of view by emphasizing the usefulness of these statistics. A hospital which is run efficiently knows the statistics of its own operations. It recognizes the provincial and national averages as standards against which it can measure its own efficiency. Where the figures do not compare within reasonable limits, there will be an area for investigation. On a wider scale the provincial comparisons provide a measure of hospital services and of the efficiency with which those services are rendered. Similarly at the national level we are able to compare our Canadian experience with that of other

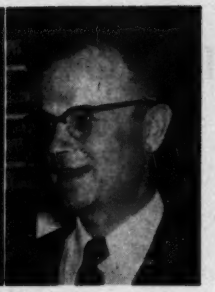
(Concluded on page 81)

A. K. McTaggart, Brandon.

Dr. Harry Coppinger, Winnipeg.

John Gardner, Dauphin.

Paul D. Shannon, Winnipeg.



Frank Foster, Brandon.

Manitoba holds first

Hospital and Nursing Conference

THE STATELY halls and assembly rooms of the Royal Alexandra Hotel in Winnipeg provided excellent facilities for the first Manitoba Hospital and Nursing Conference held Oct. 22 to 24. The joint convention combined the annual meetings of the Associated Hospitals of Manitoba, the Manitoba Association of Registered Nurses, the Manitoba Women's Hospital Auxiliaries Association, and the Manitoba Association of Medical Record Librarians. The total registration, in excess of 800, indicated the over-all interest in the conference and the five meeting halls were in almost constant use. A large exhibit hall, strategically located, was the scene of continuous activity.

The directors and executives of the participating organizations deserve high praise for an excellent production. Paul D. Shannon, executive-secretary and consulting accountant of the Associated Hospitals of Manitoba, who acted as general secretary for the conference, is particularly deserving of commendation. Since his appointment to his present post, Mr. Shannon has contributed greatly to the phenomenal progress made by the hospital association in Manitoba. That his qualities have been recognized elsewhere is indicated by the fact that he is a member of the committee on accounting and statistics of the Canadian Hospital Council, a vice-president of the Upper Mid West Hospital Conference (U.S.), and a member of the inter-provincial co-ordinating committee of the Western Canada Institute for Hospital Administrators and Trustees.

A welcome to the City of Winnipeg and greetings from national organizations were given at the opening session by Alderman James Black of Winnipeg, Helen G. McArthur, R.N., president of the Canadian Nurses' Association, and Dr. Owen C. Trainor, president of the Canadian Hospital Council. Evelyn M. Watts, R.N., president of the M.A.R.N., and John M. MacIntyre, vice-president of the A.H. of M., welcomed delegates on behalf of the sponsoring organizations. The exhibitors' association, which planned and carried out an excellent commercial and scientific exhibition, was represented by W. R. Card. Rev. Father Henri Légaré, O.M.I., executive director of the Catholic Hospital Council of Canada, delivered a stirring invocation.

John M. McIntyre, New President, A. H. of M.

A dramatic presentation entitled, "Demonstration of Casualty Care in Mass Disaster", under the joint direction of Evelyn A. Pepper, R.N., Ottawa, and Ina Broadfoot, R.N., Winnipeg, showed very realistically what happens in "Targetville" when disaster strikes. Following an explanatory introduction, in a darkened room, stressing the importance of proper preparation and planning for disaster, the telephone hang sharply and the announcement was made that "Targetville" had been subjected to a bombing attack, that the city was in flames, and that civil defence preparations had gone into action. With this announcement, the stage was lit up, and the audience saw the inside of a damaged schoolroom. Through the smashed windows, the backdrop showed houses and other buildings in flames and scenes of complete destruction and confusion. The following sequences demonstrated how the casualty and treatment teams established a post in the school, treated victims with various injuries, and arranged for their evacuation. The whole production was well directed and acted and served as a rather jarring reminder that "it can happen here", as well as pointing out the advantages of preparedness.

An evening general session entitled "Looking at Nursing Service and Nursing Education" was under the chairmanship of Evelyn M. Watts,

A group of hospital leaders compare notes. Left to right, Dr. Edwin L. Crosby, A.H.A., Judge J. Milton George, A.H. of M., Dr. O. C. Trainor, C.H.C., and Rev. Henri Légaré, C.H.C.C.

R.N. Margaret Hart, R.N., director of the School of Nursing Education, University of Manitoba, reviewed Dr. Lord's evaluation of the Metropolitan School of Nursing at Windsor, Ont. (See *The Canadian Hospital*, Nov., 1952). Helen McArthur, R.N., spoke on the national nursing picture and, in particular, emphasized the opportunity for a new co-operative approach, through the recently established Canadian Commission on Nursing, representing the Canadian Medical Association, the Canadian Nurses' Association, and the Canadian Hospital Council. Lillian E. Pettigrew, R.N., executive secretary, M.A.R.N., reviewed nursing services in the provinces of Manitoba and made reference to the forthcoming survey of potential nursing strength in the province.

A sectional meeting of the Associated Hospitals of Manitoba, under the chairmanship of T. A. J. Cunnings, executive director, Sanatorium Board of Manitoba, considered the subject, "Requirements for Adequate Hospital Statistics". Dr. A. L. Swanson, executive secretary, Canadian Hospital Council, spoke on the national health grants program, giving particular attention to construction and professional training grants. Bernard R. Blishen, chief, Institutions Section, Health and Welfare Division, Dominion Bureau of Statistics, stressed the value of statistics, making specific reference to certain facts and figures which were valuable not only to hospitals themselves but to all those concerned with the provision of hospital and health services. He outlined the developments of the past several years which have led to considerable progress in the reporting of accurate, standard hospital statistics in Canada. The afternoon's theme was further evolved as Murray Ross, associate secretary of the Canadian Hospital Council, spoke on the development and purpose of the Canadian Hospital Accounting Manual as a standard guide for hospital accounting and statistics in Canada. Paul Kenway, C.A., a member of the Manitoba Committee on Hospital Accounting and Statistics, introduced a proposal whereby the Association might assist small hospitals in the accumulation of reliable standard cost figures, through the introduction of report accounting. Mr. Kenway made a number of practical suggestions as to which sections of the work would have to be done in the hospital and which parts could be centralized in the association's offices.

Dr. Owen C. Trainor presided over a general session following the theme, "Can the Problem of Nursing Staff

Evelyn Watts, Winnipeg. | *Kay Ruane, Winnipeg.* | *L. E. Pettigrew, Winnipeg.* | *Verna Williams, St. Boniface.* | *Julia H. B. Ryfa, Brandon.*

One of the busy sessions held by the Manitoba Association of Registered Nurses.

Shortages Be Solved". Lillian Pettigrew, R.N., reviewed the nurse training program in the province. She pointed out the dramatic change in the role of the professional nurse in the past 50 years and emphasized the fact that care of the patient, once the only and still the major task of the nurse, has become an intricate and complicated process. Miss Pettigrew stressed the fact that we have more nurses employed in hospitals today than ever before and still there remains a wide gap between supply and demand.

Brigadier Gladys Gage, superintendent of Grace Hospital, Winnipeg, approached the problem from the standpoint of utilization of non-professional personnel in nursing services. Murray Ross reviewed the expansion of hospital beds and services in the four and a half years of operation of the national health grants program and pointed out its influence on the problem of providing adequate nursing staff in hospitals.

In the lively discussion period which followed the addresses, participants were so eager that, at times, the chairman had difficulty in determining who was entitled to the use of the microphone first. A few highlights included the following. Bertha Pullen, R.N., Winnipeg, stressed the need for encouraging young women to secure better basic education in order that more might qualify for the profession of nursing. University entrance qualifications were suggested as a minimum standard. As possible solutions, Helen McArthur, R.N., proposed better use of available sources of personnel; coordinating the thinking of different groups interested in nursing education and nursing service; the development of team work on hospital wards and in other departments, utilizing personnel with different levels of training; and better job analyses in order that duties at the respective levels might be better understood. Judge J. M. George made a plea for fuller use of federal and provincial funds available for professional training so that every educational opportunity will be used. In addition to those persons mentioned, the members of the panel and many others contributed to the discussion. In summing up the remarks, Dr. Trainor acknowledged the merits of the many comments and suggested that perhaps better utilization of nursing personnel was the major problem. He indicated that the statement of Brigadier Gage "that sixty-five per cent of nursing duties might be performed by non-professional nursing personnel" offered a challenge to organization and administration in the nursing field. Highly interesting, this open discussion period was one of the best that we have had the privilege of attending.

Judge J. Milton George, Q.C., president of the Associated Hospitals of Manitoba, presided over the general conference dinner. A feature of the dinner program was an address by Dr. Edwin L. Crosby, president of the American Hospital Association, and director of the Joint Commission on the Accreditation of Hospitals.

Dr. Crosby's talk was all that hospital people now expect of Dr. Crosby. Of Canadian parentage himself, perhaps he felt something like a nephew visiting an uncle for the first time but he was equal to the occasion. He made reference to the wide-open field ahead in the organization and management of hospitals, the need for better planning and design, and the necessity of keeping pace with both medical practice and public thinking. Referring to his new position, he quoted Dr. Gunner Gunderson who had described the establishment of a joint commission on accreditation of hospitals as a great milestone in hospital history; and he paid tribute to the American College

(Continued on page 72)

Enjoying a pleasant chat are, left to right: Irene Oliver, Carberry; Lois Lethbridge, Winnipeg; and Mrs. Marjorie Lane, Arborg.

Record Attendance at O.H.A. Meeting

"Our Hospitals Today and Tomorrow"

THE invitation to come and discuss the theme, "our hospitals, today and tomorrow", was eagerly accepted by over 2,000 delegates, to the annual convention of the Ontario Hospital Association, who thronged the Royal York Hotel in Toronto from Oct. 27th to 29th. For three busy days, hospital people came to register, greet old friends, fill the assembly halls, and visit 105 attractively displayed exhibits of hospital equipment and supplies. The enthusiasm evoked by the excellent program, arranged by a committee under John B. Neilson, M.B.E., M.D., was evident both in the discussion taking place within the meeting rooms and in the animated buzz of conversation arising from interested people grouped about the convention foyer afterwards.

Meeting in conjunction with the Association were the Canadian Association of Medical Record Librarians, and the Women's Hospital Auxiliary Association, Province of Ontario — see pages 56, 64. Over-all registration for the convention, including exhibitors, reached an all-time high of 2,500.

"We're Here Because"

In his presidential address, R. J. Weatherill, superintendent of the St. Catharines General Hospital, expressed his conviction that hospital care in the province is keeping pace with advances in medical science and that hospitals are rapidly advancing to the position where they are meeting the needs of their communities for certain types of patients. However, in caring for the chronically and mentally ill, he said, "we are only started". Mr. Weatherill also stressed the importance of good public relations; the value of the Joint Commission on Accreditation of Hospitals; and the Commission on the Financing of Hospital Care which is conducting a 2-year study .in the United States.

Reviewing various association activities during the past year, A. J. Swanson, executive secretary-treasurer, reported that hospital accounting procedures had received emphasis, with the publication of bi-monthly bulletins on the subject, and with two successful accounting institutes. During this period, public relations were stressed, especially in connection with National Hospital Day publicity and the new Blue Cross in-hospital coverage for medical, obstetrical, and surgical care was inaugurated.

The keynote to the convention program was sounded by Dr. John B. Neilson, superintendent of the Hamilton General Hospital, who, as chairman of the program committee, asked and answered his own question: "We're here because . . . ?" Speaking of innovations in this year's program, Dr. Neilson pointed out that, because of the growing interest displayed in sectional meetings, three of these groups had "come of age" — nursing administration, trustees, and accounting — and would conduct general sessions this year. Since most Ontario hospitals are not large, Dr. Neilson also promised that smaller hospitals would find the program pointed their way.

Hospitals and the Universities

Stimulating and informative was a luncheon address given by G. E. Hall, M.S.A., M.D., Ph.D., D.Sc., F.R.C.S., president and vice-chancellor of the University of Western Ontario, who spoke on hospitals and the universities. Stating that co-operation between teaching hospitals is to some extent "a marriage of convenience", albeit one of benefit to both parties, Dr. Hall went on to review the gradual development of this relationship, from the viewpoint of undergraduate and graduate medicine. In respect to the former,

Dr. Hall stressed that, if medical education is to continue at the present level of efficiency, there must be available teaching beds which are under the control of the university department concerned. Graduate training has been more directly the responsibility of the hospitals, Dr. Hall pointed out, and today the difficult and dangerous situation has developed wherein the number of hospital internships exceed the number of graduating medical students in the ratio of two to one. In deciding how to deal with the problem, Dr. Hall suggested that it be considered as the vital question — "is internship to be an educational experience or a service function?"

A well-known personage at hospital conventions, Dr. Malcolm T. MacEachern, left, chats with new O.H.A. president, Carl N. Weber, centre, and retiring president, R. J. Weatherill.

Nursing Administration

The program commjttee's decision to allow the nursing administration section to "come of age" received ample and enthusiastic approval, in the keen interest displayed by the large crowd in attendance. Opening the session, Helen G. McArthur, Reg. N., president of the Canadian Nurses' Association, asked: "Are We Properly Utilizing All Types of Nursing Service?" Because everyone was being very vocal about "the nursing problem", it might seem, she pointed out, that actual endeavour towards a solution had been little and ineffectual. Miss McArthur sought her solutions from within the community as well as the hospital. She suggested that physicians, nurses, voluntary, and official health agencies should sit down together and pool their efforts for the common purpose of restoration and maintenance of health. Scientific research into the question of utilizing all types of nursing service, Miss McArthur believed, was another "must". Summing up her viewpoint, she concluded with an apt quotation from Robert Browning:

> The Common problem,
> Yours, mine, everyone's
> Is — not to fancy what were fair in life
> Provided it could be — but find first
> What may be, then find out
> How to make it fair
> Up to our means.

"Should We Re-evaluate Nursing Functions?" was the question posed by Edith G. Young, director of nurses, Ottawa Civic Hospital, Ottawa, Ont.

In a comprehensive answer, Miss Young stressed that re-evaluating nursing functions alone will not solve the problem but that the entire hospital organizational pattern would need examination. Simplified work methods and time-saving devices would also be imperative.

To conclude this session, a panel of speakers examined the position of the nursing assistant in the team of tomorrow. Jean Hodson, Reg. N., director of nurse education, Oshawa General Hospital, acted as chairman for this group. Lillian MacKenzie, Reg. N., medical clinical instructor, Toronto General Hospital, Wellesley Division, explained how team nursing had been organized and was being carried out in her hospital, Betty-mae Davidson, M.Sc., inspector, Department of Health for Ontario, described the training and qualifications of the certified nursing assistant. How to set up training courses for auxiliary personnel in a hospital, on an in-service basis, was explained by Mrs. G. E. Bundy, director of nurse education, St. Andrew's

A record attendance? Just ask the girls at the busy registration desk!

Hospital, Midland, Ont., who related how this training scheme was being carried out at her hospital.

Trustee—Backbone of the Hospital

Under the theme "The Trustee — Backbone of the Hospital", the trustee section played host to the entire association at an interesting, well-attended, open session, under the chairmanship of Malcolm Cochran, Port Arthur.

"Why a Shortage of Graduate Nurses for Hospital Services?" was the subject capably handled by Jean I. Masten, Reg. N., director of nursing, Hospital for Sick Children, Toronto. Miss Masten was quick to take issue with the term "shortage" as applied to nurses since she felt that the word implies a deficiency of an important commodity, thus casting a stigma upon nursing, rather than the increased demand for that commodity, which is the true situation. In discussing how the nursing profession was competing with other types of employment for high school graduates, Miss Masten believed that the profession was obtaining its fair share and that there is a real upsurge of interest among high school students with respect to nursing. The swollen demand, she pointed out, came from several sources: increasing number of beds and patients, medical advances, the principle of early ambulation, and new nursing personnel policies, such as shorter hours, which entail the use of three shifts of nurses a day. However, Miss Masten concluded, no matter how serious the question of quantity may be, the question of quality is no less serious, especially so since the nurse represents the hospital to patients.

The Hon. Mackinnon Phillips, M.D., provincial minister of health, provided further discussion of the problem posed by Miss Masten, giving other reasons for the increasing demand for nurses and pledging continuing government support to help solve the problem.

Clear-cut and forthright was Arthur A. Schmon's dissertation on government financial assistance to hospitals. Mr. Schmon, a business man and chairman of the board of governors of the St. Catharines General Hospital, was seeking a compromise between the ideal of local, voluntary, hospital organizations and the extreme of complete government control. He felt that the former should be kept by insisting

An attention-catching display demonstrated Blue Cross progress.

that, as far as possible, the principle of self-help be practised by eliciting funds first of all from voluntary sources, *i.e.* endowments, large contributors, public subscription campaigns, and, especially, large business corporations. A certain, but moderate, percentage of hospital capital should come from local government, with a substantial part being supplied by provincial and federal governments — as much as 40 per cent in medium-sized hospitals and as much as 50 per cent in large hospitals providing regional services. Mr. Schmon stressed the need to revise the present "iron-clad" federal bed-grant-formula and suggested that study should be given to the use of a "percentage of cost of equipment formula" to supplement present floor space and bed grants. With regard to indigents and part-paying patients, he believed that the present system should be overhauled and a way found for a fair division of the burden between municipalities and senior governments. He pointed out the merits of reducing the burden on the taxpayer by subsidizing the prepayment of hospital care to cover the low income groups. In providing health services such as in out-patient departments, Mr. Schmon called for more federal assistance, as well as in nurse education.

John Newlands, a member of the board of governors of the Hamilton General Hospital, commented further on the question of government assistance.

A very concrete suggestion concerning the problem of indigent patients was put forth by C. C. Calvin, board of governors, Toronto Western Hospital. He pointed out two features which make the problem so difficult to solve. First of all, lack of uniformity, *i.e.* in some communities the problem is almost non-existent and in others it is extremely serious, thus it is difficult to obtain concerted action. Secondly, the public is not aware of the situation and therefore cannot be roused to do anything about it. Mr. Calvin believed that, like baby bonuses and old age pensions, the problem of indigents should be solved by the federal government. He put the suggestion to the gathering that it was time for a Royal Commission to investigate the plight of general hospitals in Canada and he felt that such action would be followed by realistic federal grants in the matter of financing indigent care. The chairman of the trustees' section, Malcolm Cochran, assured the meeting that this suggestion would be presented to the Board of Governors of the O.H.A. for further consideration.

Alderman Albert Long, a member of the board of governors of the Metropolitan General Hospital, Windsor, Ont., led the discussion following Mr. Calvin's paper.

"The Trustee — Are You Being

Held in Regina, Sask.—

Successful Laundry Institute

A laundry institute, sponsored by the Division of Hospital Administration and Standards of the Saskatchewan Department of Public Health, was held in Regina, from Oct. 29th to Nov. 1st. This institute for hospital and institutional laundry managers attracted more than sixty persons who represented 25 of the larger hospitals and institutions in the province. Representatives of commercial and hotel laundries also attended. Nelson P. Smith, superintendent of laundries for the Saskatchewan Anti-Tuberculosis League was responsible for obtaining the speakers and arranging the program.

At a banquet held in the Hotel Saskatchewan, guest speaker Dr. F. B. Roth, Deputy Minister of Health, stated that hospitals are always concerned with the quality of patient care and pointed out the importance of the hospital laundry in maintaining the high standards required. In commenting upon the success of the institute, J. E. Robinson, acting director of the Division of Hospital Administration and Standards, said that its success was the result of the splendid assistance provided by the commercial laundries and representatives of the allied trades.

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Realistic?" was asked by A. J. Swanson, who pointed out that trustees have a deeper responsibility than that of providing the hospital plant itself. He listed other essentials that must be a part of every hospital — good medical care, proper records, good staff, and facilities for training. Mr. Swanson said that one could not help but be impressed by the very high calibre of the men and women who serve hospitals as trustees and asked that they interest themselves in the national outlook as well as in their own particular hospital. Trusteeship, stressed Mr. Swanson, is a 24-hour a day job, not just the hour or so passed at a board meeting.

A review of past activities and a report of progress made in the growing Blue Cross Plan of the Association, was ably presented by D. W. Ogilvie, director of the Plan. He indicated that some hospitals in Ontario now receive between 40 to 50 per cent of their paid patient income through Blue Cross and the average for the province is about 26 per cent. W. D. Piercey, M. D., chairman of the executive committee of the O.H.A., pointed out the personal interest each member hospital should have in its own Blue Cross plan and congratulated the Plan on its progress and excellent public relations program.

What Happens in Business Offices

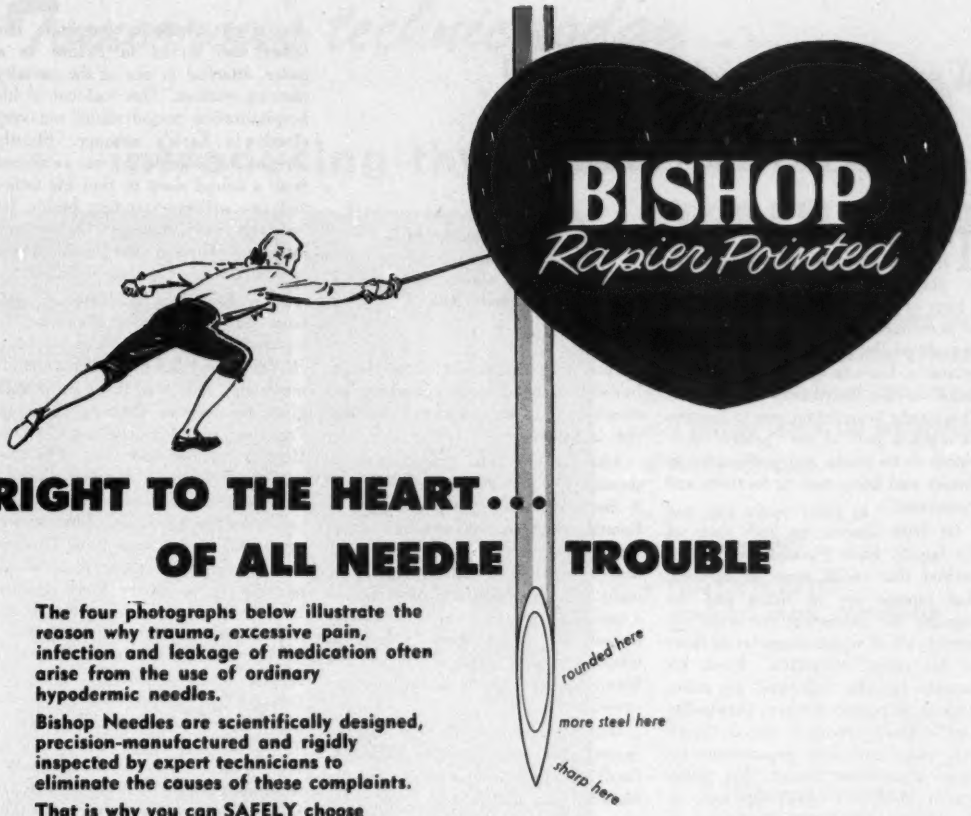
As George J. McQueen, chairman of the accounting section, commented in his opening remarks, this general session presented matters of vital interest to all hospital personnel.

The bogey, often visualized by the uninitiated with the mention of "hospital cost studies", was very effectively slain by S. W. Martin, associate executive-secretary of the O.H.A. "In its broadest sense," said Mr. Martin, "good cost analysis is merely a wedding of good accounting records with good statistical information." He cited many benefits which have accrued to hospitals in Ontario since the introduction of standard accounting practice throughout the province in 1946. The value of hospital cost studies cannot be overemphasized, he stressed, as a "sound support for the selling price of our product either as a whole or in its various component parts".

C. J. Telfer, director of the public and private hospitals division, department of health, outlined some of the historical background in the development of good accounting and statistical records and its influence on the hospital grants paid by the provincial government.

After closely examining hospital service charges, W. A. Holland, business manager, Oshawa General Hospital, believed that there were four main reasons why general hospitals were losing revenue on charges for special services: too many patients are being classed as indigent; services are being sold below cost; services are being sold below the accepted going rate for that particular service; and inefficient methods of charging to patients' accounts for services rendered. He felt that hospitals, having pharmacists, and assuming the legal responsibility for prescriptions, should not be expected to dispense drugs for less money than they can be procured elsewhere. Mr. Holland also made a plea for some uniformity in establishing charges for such services as x-ray and laboratory tests. Edwin Nabert of Kitchener led

(Continued on page 74)



RIGHT TO THE HEART...
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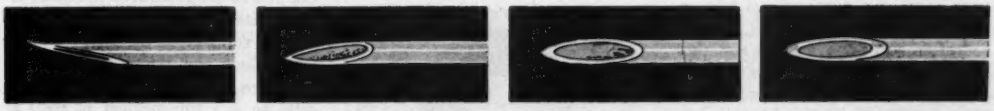

Fish hook Point. Ordinary needles lack the metal to provide a really strong point. Improper manufacture or poor handling result in the point becoming fish hooked. This causes tissue and vein damage on insertion and withdrawal, as well as loss of medication through excessive seepage and bleeding.

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Western Physician Elected University Chancellor

A. C. McGugan, M.D.
Superintendent,
University of Alberta Hospital,
Edmonton, Alta.

THE buffalo had ceased to roam but the deer and the antelope still played on the western plains when a lusty cry, emitting from the Methodist parsonage in High Bluff, Manitoba, announced the arrival of another new citizen of Canada and a future Chancellor of the University of Alberta. This newly born infant was to become as much a part of the "prairie" provinces as its plains and park-lands, its forests and lakes and its foothills and mountains.

Of Irish descent on both sides of the family, Earle Parkhill Scarlett inherited that racial sense of humour, that intense joy of living and the capacity for extracting fun from adversity, all of which characterize those of his racial extraction. From his parents he also inherited an active interest in people, a warm personality and a kindly courtesy which invariably makes each new acquaintance become a steadfast friend. His father was a Methodist clergyman and, although the family was restricted in financial resources, both parents were rich in wisdom and learning. His father sparked his interest in English and the classics and started Earle in his studies of Greek and Latin in his tenth year. His mother "kept him on the piano bench" until his musical education was such that he was prepared to play for the sheer love of playing. There was always a good library at his disposal and books were as much part of his world as were the members of his family. During the first fifteen years of his life, Earle shared with his parents the nomadic life of the Methodist clergyman of the old dispensation. His public and high school education was acquired in the schools of Manitoba. A bright spot of each year was the summer vacation spent on Georgian Bay between Midland and Parry Sound. Here he acquired a love of fishing and an interest in the tribal lore of the Huron Indians. Here he came under the fascination of Huronia, a part of Canada rich in legend.

After he had been graduated from secondary school at the age of fifteen, it became Earle's responsibility to finance his education and his future. As did so many boys of his generation, he worked in many capacities at many jobs. At one time or other he was a messenger boy, a store clerk, an employee in construction camps, a teacher in the summer schools of Manitoba, and finally a sleeping car conductor.

War interrupted Earle's civilian career when he enlisted in 1915. He finally found himself with the Second Machine Gun Battalion in France. He served with the battalion during the battle of Amiens, August 8th, 1918. Later during the attacks on the Hindenburg Line in front of Arras he was severely wounded. He spent the next seven months in hospitals. His father also served in France as a padre, attached to one of the casualty clearing stations. One incident of his hospitalization period stands out very clearly in Earle's memory. Shortly after he was wounded he was awakened from a sound sleep to find his father and two officers standing beside his bed. He was introduced to the two medical officers, the now world famous Doctors Cushing and Cabot.

E. P. Scarlett, M.D.

After Earle was graduated in Arts from the University of Manitoba, he lectured in English at Wesley College. He then proceeded to Toronto to study medicine. This was the day of such great teachers as Doctors Cameron, Primrose, and McMurrich, at Toronto. Here he founded and edited *The University of Toronto Medical Journal*, the first undergraduate medical publication on this continent. After he was graduated in medicine from Toronto, Dr. Scarlett spent three years of internship at the Henry Ford Hospital in Detroit. Then, as now, this hospital was one of the great service and teaching institutions in North America. Following his period of service in Detroit, Dr. Scarlett received an appointment as Assistant Professor in Medicine at the State University of Iowa. After about a decade of absence from his beloved Western Canada, Dr. Scarlett returned to Calgary in 1930. Here he has served the people of Southern Alberta faithfully and well, not only in his vocation of medicine, in which he has established an international reputation for proficiency, but also in his avocations of music, art and citizenship generally. As well as being President of the Calgary Associate Clinic and Senior Consultant in Medicine of the Colonel Belcher Hospital he is a life member of the Calgary Y.M.C.A.; a member of the Board of the Calgary Symphony Orchestra; Past-Chairman, Regional Advisory Board, Canadian Broadcasting Corporation (1938-1940); Editor, "Historical Bulletin", Calgary Associate Clinic; member Rhodes Scholarship Selection Committee, Alberta; Chairman, Selection Committee, University of Alberta National Award in Letters.

For Dr. Scarlett, his home is the centre of his universe. A Scotty, "Jamie MacGregor", and a Beagle, "Jonathan Wrinkles", greet him with

(Concluded on page 88)

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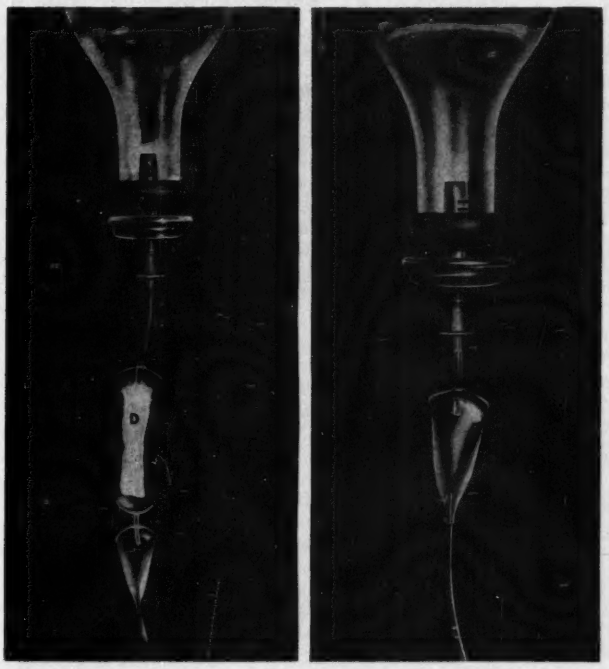

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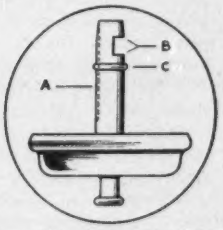

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*Sack, Theodore et al, The Preservation of Whole ACD Blood Collected, Stored, and Transfused in Plastic Equipment, Surg. Gyn. Obst. : 95, 113-119, 1952.
Walter, Carl, W., A New Technic for Collecting, Storage and Administration of Unadulterated Whole Blood. Surgical Forum.
Walter, Carl W., and Murphy, Wm. P. Jr., A Closed Gravity Technic for the preservation of Whole Blood in ACD Solution utilizing Plastic Equipment. Surg. Gyn. Obst.: 94, 687, 1952.

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Canadian Record Librarians Convene in Toronto

SOME 150 medical record personnel from across Canada registered for the annual convention of the Canadian Association of Medical Record Librarians held at the Royal York Hotel, Toronto, from October 27th to 29th. Prior to the opening session the executive officers met.

Sister Margaret Clare of Halifax Infirmary, Halifax, N.S., read the invocation and a welcome was extended to the delegates by the president, Mary Edmondson, R.R.L., St. Joseph's Hospital, Hamilton. Dr. A. L. Swanson brought greetings from the Canadian Hospital Council and discussed a proposed extension course being planned by the Canadian Association of Medical Record Librarians with the assistance of the Canadian Hospital Council.

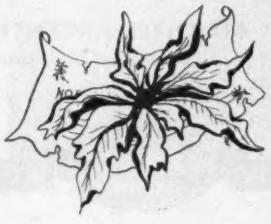
In the opening address of the Monday afternoon session, Dr. G. A. Winfield, director of medical records, Research and Development, Department of Veterans' Affairs, Ottawa, discussed "International Coding". Dr. Winfield reviewed the history of international coding and pointed out its relationship to accurate medical statistics. "Medical statistics," he stated, "must be provided as the essential foundation upon which all clinical studies of diseases, injuries, and causes of death are based." He emphasized that this is "equally true whether the study undertaken is a local one, such as is carried out in many Canadian hospitals, or whether it is carried out on an international basis".

Barbara Davidson, St. Michael's Hospital, Toronto, described the preparation of medical records for microfilming and explained the care which must be taken to obtain clear and correct reproductions as the original records are destroyed The final item on the afternoon's program provided a pleasant diversion from the business at hand as delegates were taken on an imaginary tour through the United States and Mexico by Dr. A. G. McGhie, Hamilton, Ont. Using slides to illustrate his description, Dr. McGhie's interesting talk delighted his audience.

"Records in a Clinic Practice" was the topic chosen by I. W. Davidson, B.A., M.D., F.R.C.S., of the Sudbury Clinic, Sudbury, Ont., for presentation at the Tuesday morning session. Explaining in detail the record forms used at the Sudbury Clinic, Dr. Davidson displayed samples of three different sets of forms used respectively, by the receptionist, the medical record librarian, and the accounting department. He felt that this system of recording had been highly successful and provided an accurate report of all the information required in a clinic practice.

Sister Margaret Clare described the televoice installation at the Halifax Infirmary as an efficient method of transcribing records. Through telephones placed in convenient locations, the spoken word is transcribed onto a disc in the centrally located recorder. Later it is typed by the medical secretary and placed on the medical record. This type of equipment has proved particularly convenient for surgeons wishing to dictate their operative reports immediately. A demonstration of the equipment aided the listeners to evaluate its usefulness.

Accuracy of medical records was stressed again by A. J. Phillips, Ph.D., statistician for the National Cancer Institute of Canada, while speaking on "Medical Records in the Field of Cancer". Dr. Phillips explained to his audience how information gathered from all parts of the country forms the basis for medical statistics. Without accurate, complete medical records, true statistics are impossible. Through statistics, for example, it becomes evident that in certain areas specific diseases are more prevalent and this information, in turn, aids medical research.



The Tuesday afternoon session of the Canadian Association of Medical Record Librarians was held as a sectional meeting of the Ontario Hospital Association's convention. R. J. Weatherill, president of the O.H.A. welcomed delegates on behalf of his association.

"Progress made in the Treatment of Cardiac Diseases" was outlined by J. F. S. Walmsley, M.D., D.P.H., medical director, Ontario Committee on Cardiology. Dr. Walmsley used slides to illustrate his points and compared statistics of a number of years ago with more recent ones, showing the progress made in the treatment of cardiac diseases. However, he said that there is still much to be accomplished and that there is need for more standardization of names of diseases.

A problem clinic and round table discussion, under the chairmanship of Donald M. MacIntyre, assistant secretary, Canadian Hospital Council, provided an opportunity for the solution of some medical record problems by a panel of experts. Serving on the panel were: Malcolm T. MacEachern, M.D., C.M., director of professional relations, American Hospital Association; Sister Mary Paul, R.R.L., directress, School for Medical Record Librarians, St. Michael's Hospital, Toronto; and A. L. Fleming, Q.C., solicitor for the Canadian Association of Medical Record Librarians, Toronto. The meeting closed with the installation of the incoming president.

Officers

President: Frances Lindenfield, R.R.L., St. Michael's Hospital, Toronto;

President-elect: Marjorie Riddell, R.R.L., National Cancer Institute;

First Vice-president: Hazel Steer, R.R.L., Toronto Western Hospital;

Second Vice-president: Sister Gordon, Hotel Dieu, Kingston, Ontario;

Treasurer: Lillian Johnstone, R.R.L., Hamilton General Hospital, Hamilton;

Secretary: Sister Celine, R.R.L., St. Joseph's Hospital, Peterborough;

Councillors: Lily Clegg, R.R.L., Sunnybrook Hospital, Toronto, Ont.; Genevieve MacDuff, R.R.L., St. Michael's Hospital, Toronto; Sister Benedicta, St. Joseph's Hospital, Guelph; Gloria Ringham, Ontario Hospital Association; Mrs. Grace Cochrem, Grace Hospital, Winnipeg, Man.; Mary Ed-

(Concluded on page 90)

Some executive officers of the Manitoba Association of Medical Record Librarians are pictured above, left to right: Mrs. Grace Cochrem, executive member; Rita Campeau, secretary; Roma Champagne, president; Mary Stephenson, past president and editor; Barry Phillips, vice-president; and Elsie Perpeluk, treasurer.

Manitoba Medical Record Librarians Hold First Annual Convention

The first annual convention of the Manitoba Association of Medical Record Librarians was held in conjunction with the annual meeting of the Associated Hospitals of Manitoba, from October 22-24, at the Royal Alexandra Hotel, Winnipeg. Conferences, which were divided into three afternoon sessions, were well attended, with record librarians coming from many parts of the province as well as some from Saskatchewan.

Following a word of greeting from the president, Roma M. Champagne, who presided over the meeting, the opening invocation was given by Sister M. St. Pierre, directress, School for Medical Record Librarians, St. Boniface Hospital, St. Boniface, Man. Some of the latest developments in the field of microfilming were explained by Gordon S. Lyons, Winnipeg, who also pointed out advantages and disadvantages of the system.

A detailed lecture on the importance of medical records and the role of the medical record librarian in the hospital was given by Dr. A. L. Swanson, executive secretary, Canadian Hospital Council. Dr. Swanson pointed out how all parts of the hospital are vitally concerned with the medical records department and stressed the need for more registered medical record librarians. In speaking of the role of the medical record librarian, Dr. Swanson felt that she had an important part to play in educating doctors to the necessity of a complete medical record and that this required patience. A lively question period followed in which Dr. Swanson was asked if the Canadian Hospital Council could assist in bringing this subject to the attention of doctors by promoting the publication of relevant articles in various journals.

At the second afternoon session, Dr. Marguerite McGuire, librarian at the Winnipeg General Hospital, outlined the indication for caesarian sections and explained the techniques used. Through her informative paper, knowledge was gained of cross indexing caesarian sections and other obstetrical cases. Later that afternoon, a general discussion on some of the problems arising in medical record departments took place.

Following a short business meeting on the third afternoon, delegates heard an informative lecture by Dr. Karl S. Klicka, director of St. Barnabas Hospital, Minneapolis, Minn., who spoke on the relationship between the medical records and the conduct of the professional audit. Dr. Klicka stressed the need for more active medical record committees and clinical reviews of services, as well as the necessity for the medical audit. "The medical record librarian plays a very important role in her position in the hospital," stated Dr. Klicka, "as custodian of medical records she is responsible for the quality of these records. She is also in a position to judge the professional work performed by the members of the staff and it is her duty to report any discrepencies which she recognizes to the hospital administrator. The record librarian is in a very advantageous position in that she can do a great deal to encourage the adoption of a careful professional audit of work performed by the staff." He emphasized that the medical record librarian was "a key person, it is within her power to sabotage or to create".

On Thursday evening, members attended the annual banquet of the Associated Hospitals of Manitoba. The guest speaker was Dr. Edwin L. Crosby, president of the Americal Hospital Association.

Officers

President: Roma Champagne, Misericordia Hospital, Winnipeg;

Past President: Mary Stephenson, Winnipeg Clinic, Winnipeg;

Vice-president: Barry Phillips, Deer Lodge Hospital, Winnipeg;

Secretary: Rita Campeau, Winnipeg;

Treasurer: Elsie Perpeluk, St. Joseph's Hospital, Winnipeg. — *Roma Champagne.*

Our Congratulations and Apologies!

To the Victoria Hospital, London, Ont., go our congratulations for their excellent 1951 annual report which was awarded a first prize in the recent *Hospital Management* competition. To Dr. Carman J. Kirk, superintendent of the hospital and W. N. Roberts, assistant superintendent, we express our apologies. In our write-up of the competition in the November issue, pages 58 and 60, there was an erroneous cutline under the picture of prize-winners. Dr. Kirk is shown displaying the award, not Mr. Roberts as the cutline indicates. — *Edit.*

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C.S.R.T. Annual Convention

FROM WEDNESDAY, September 3rd to Saturday September 6th, Calgarians were hosts to the Canadian Society of Radiological Technicians for their annual convention and the combined efforts of the Calgary and Edmonton societies gave every evidence of true western hospitality. Throughout the four days, numerous western touches cropped up, adding zest and colour to the proceedings. John Welch, president of the Alberta society and George Graham, general chairman, were largely responsible for the excellence of the program but the efforts of many other members of the Calgary and Edmonton societies also contributed to its success.

Papers were given by J. Stanley, Vancouver, on "Radiation Protection"; Gordon Hamblin, Canadian Kodak Co., on "Processing Room Procedures"; and Jane Martin, McGregor Clinic, Hamilton, Ont., on "The Chest and Bony Thorax".

On the second day "Trouble Shooting for the Technician" was presented by C. K. Bridgeman, Calgary. Speaking on "Chest Radiography", Dr. C. S. Dafoe, supplemented his talk with two colour motion picture films of thoracic operations. Miss S. Fedoruk, physicist, University of Saskatchewan, Saskatoon, delivered a paper on "Cobalt 60 and the Betatron". The final address of the afternoon was given by R. MacQueen, Edmonton, on "Magnification Technique" with the new ultra-fine-focus tube.

"Surface Landmarks and Radiography of the Abdominal Organs" were discussed by Dr. T. A. Bell, Calgary, on the third day of the convention. Delegates also heard Frank Dreisinger, General Electric Corporation, Milwaukee, Wis., speak on the replenishment of developing solutions. The Welch Memorial Lecture, "Radiography in Obstetrics", was delivered by Dr. M. Mallet, Edmonton. Ted Bishop of the Ontario Agricultural College, Guelph, Ont., broke new ground with his illustrated description of the work done in radiography of animals. "Problems in Therapy" were handled effectively by Dr. Florendine of Calgary.

Four business sessions were held. P. E. Hunt of Regina, was elected president. An invitation to hold the 1954 convention at Saint John, N.B., was accepted. The 1953 convention will be held at the Royal York Hotel, Toronto, in conjunction with the American Society of X-ray Technicians and will be the first international gathering of x-ray technicians to be held in Canada. It is anticipated that the registration for this important event will be in the neighbourhood of 1,000.

Entertainment

It was, of course, on the entertainment side that the western touches were particularly in evidence. At the civic luncheon, Mayor D. H. MacKay, of Calgary, presented the C.S.R.T. directors and the editor of the society's journal, *The Focal Spot*, with ten-gallon stetsons, the gift of Mrs. Emily Welch, widow of the late Herbert Welch of Calgary, one of the founders of the society.

A popular outing was a trip to the Sarcee Indian Reservation on Thursday evening. Here an exhibition of steer roping and bareback riding was put on by the Indians which the visitors watched sitting on the top rail of the corral fence. This was followed by a "chuck wagon" dinner around the campfire and, later, there was a demonstration of Indian war dances.

At the annual dinner on Friday night, the guests were served generous helpings of delightfully tender buffalo meat. Dr. E. P. Scarlett of Edmonton, the guest speaker, charmed his listeners with sketches of various literary characters and a host of whimsical anecdotes.

The final item on the program took place on Saturday, when two bus loads of radiographers were taken on a wonderful trip to Banff. After an excellent luncheon there, members spent the afternoon and early evening exploring the beauties of the famous Rocky Mountain resort.—*L. J. Cartwright, Editor, "The Focal Spot".*

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With the Auxiliaries

Alberta Auxiliaries Meet in Calgary

Meeting in conjunction with the Associated Hospitals of Alberta, the Associated Auxiliaries of the Hospitals of Alberta held their fourth annual meeting at the Palliser Hotel, from October 16-18. Some 41 women, representing 35 auxiliaries travelled to Calgary from points as far as Peace River in the north to Magrath and Lethbridge in the south.

Leonard Wilson, Edmonton, president of the Associated Hospitals of Alberta, brought greetings from his association. Mrs. John Oliver, Edmonton, president, welcomed the delegates and discussed the formation of the National Council of Hospital Auxiliaries of Canada. Delegates reported on the various activities of their auxiliaries, showing that a tremendous amount of work had been accomplished during the year. Mrs. A. Antonio, reporting on the auxiliary to the George McDougall Hospital, Smokey Lake, said that the hospital had been closed for two years but had opened recently. During this time the auxiliary had carried on in preparation for the day when the hospital would be opened again.

At a dinner meeting on Thursday night, Judge Nelles V. Buchanan of Edmonton, spoke on the place of women in the world today. "There isn't a vocation, profession or occupation that is not open to women," he said. "With perseverance you can reach any goal you set. But you should keep uppermost in your mind that it is only the combined efforts of men and women that will make for a better community, province, Dominion, and world."

Friday morning delegates heard an address by Judge J. M. George of Morden, Man., on "Little Things that Count". Judge George stressed the fact that it was the work of all auxiliaries, both rural and urban, that helped to make the provincial organization a success. He suggested that regional councils in the province would develop interest and enlarge the attendance at provincial meetings.

On Friday afternoon, delegates were taken on a tour of the new Alberta Red Cross Crippled Children's Hospital.

Dr. A. C. McGugan of Edmonton addressed the meeting at the closing session on Saturday morning. New officers were elected before the meeting adjourned.

Officers

Honorary President: Mrs. W. W. Cross, Edmonton

Honorary Vice-president: Mrs. N. V. Buchanan, Edmonton

Past President: Mrs. John Oliver, Edmonton

President: Mrs. E. G. Goodridge, Red Deer

First Vice-president: Mrs. L. James, Magrath

Second Vice-president: Mrs. J. R. Hammill, Calgary

Corresponding secretary: Mrs. N.C. Tedford, Red Deer

Recording secretary: Mrs. L. A. Walker, Medicine Hat

Treasurer: Mrs. J. M. Anderson, Viking.

• • • •

Manitoba Aids Hold Sixth Convention

The first item on the agenda for the sixth annual meeting of the Manitoba Women's Hospital Auxiliaries Association, which took place at the Royal Alexandra Hotel, Winnipeg, October 22-23, was a tour of Deer Lodge Hospital and the Red Cross Lodge. Afternoon tea, served by the Red Cross, concluded the instructive tour and delegates returned to the hotel, where a reception was held followed by the president's dinner. A forty-voice girls' choir, under the direction of Kerr Wilson, entertained during the dinner. Alice Mair, M.C.S.P., of the Canadian Arthritis and

Some of the delegates attending the sixth annual convention of the Manitoba Women's Hospital Auxiliaries Association, who came from various sections of the province, pose with Mrs. W. P. Fillmore, president of the association. Left to right, are: Mrs. Donald Jackson, Basswood; Mrs. W. P. Fillmore, Winnipeg; Mrs. H. A. Lye, MacGregor; Mrs. T. Tobain, Souris; Mrs. J. M. Bain, Brandon; and Jadwiga Epp, Winkler.

Rheumatism Society was the guest speaker. Miss Mair described the various types of arthritis and the treatments used. "Along with any treatment," she said, "there is an important part individuals or groups could play in their social service projects, by keeping patients interested and providing recreation for them." An executive meeting was held after the dinner.

On Thursday morning, following an address by the president, Mrs. W. P. Fillmore of Winnipeg, reports were heard from other executive officers. Some 140 delegates registered, many of whom presented accounts of their work during the year. Hon. Ivan Schultz, provincal minister of health, and D. G. MacKenzie, International Peace Garden, were guest speakers at the noon luncheon. Judge J. M. George, president, Associated Hospitals of Manitoba, extended the greetings of his association. Presentation of a life membership to Mrs. J. M. George of Morden, first president of the provincial auxiliaries association, was made by Mrs. Garnet Coulter.

At the Thursday afternoon session, Mrs. Otto Schultz of Pilot Mound, presented the report of the resolutions committee. A resolution was passed asking the minister of public health to amend the regulations to the health services act so that each municipality in a hospital district be required to appoint a member of a women's hospital auxiliary to the hospital board of trustees.

A panel discussion on the relationship of the auxiliary to the hospital was held with Murray Ross, associate secretary, Canadian Hospital Council, and Mrs. J. W. Ellinthorpe, Lois Lethbridge, and Christina MacLeod, of Winnipeg, taking part. The discussion pointed out the value of volunteer workers on hospital committees, as well as the help hospital visitors could give long-term patients by interesting them in some hobby and making them feel that they were a useful part of society. The auxiliary can also interpret problems of the hospital to the community. The meeting concluded with the election of officers.

Officers

President: Mrs. W. P. Fillmore, Winnipeg, (re-elected)

First Vice-president: Mrs. Arthur Williams, Seven Sisters Falls

Second Vice-president: Mrs. Matt Ormiston, Winnipeg

Recording Secretary: Christina MacLeod, Winnipeg

Corresponding Secretary: Mrs. A. M. Oswald, Winnipeg

Treasurer: Mrs. R. Danziger, Winnipeg

Public Relations Officer: Mrs. J. M. George, Morden.

Advisory Committee: Mrs. R. H. B. North, Carman; Mrs. R. R. Swan, Winnipeg; and Edythe Paynter, Winnipeg.

District Representatives: Mrs. E. Paul, Dauphin, (rural north west); Mrs. C. R. Ellerby, Selkirk, (rural north east); Mrs. Otto Schultz, Pilot Mound, (rural south centre); Mrs. G. J. Jenkins, Deloraine, (rural western); Mrs. J. A. Burgess, Minnedosa, (rural centre); Mrs. Harold Steele and Mrs. L. V. Savage, (Winnipeg).

* * * * * *

Ontario Auxiliaries Convene and Entertain

The annual convention of the Women's Hospital Auxiliaries Association, Province of Ontario, was held in the Royal York Hotel, Toronto, October 25 to 28. Approximately 500 delegates from all parts of Ontario attended, representing 112 auxiliaries in hospitals of various types, *e.g.*, general, isolation, sanatoria, and infirmaries. One represented a newly affiliated group which serves a mental (curative) hospital.

A Sunday afternoon reception and dedicatory service proved to be an outstanding event. Introduced by Dr. Harvey Agnew, Rev. Hector L. Bertrand, past president of the Catholic Hospital Council of Canada, read the invocation. R. J. Weatherill extended greetings from the Ontario Hospital Association and Arthur J. Swanson gave a brief history of the association. Alderman W. C. Davidson, representing Mayor Allan Lamport, brought greetings from the City of Toronto. Mrs. Oliver W. Rhynas, President of the National Council of Women's Auxiliaries, pointed out that Quebec could well claim the honour of having the first voluntary hospital workers. She referred to Jeanne Mance who established the Hotel Dieu in Montreal in 1642, bringing from France a group of faithful women to assist in her benevolent work, the influence of which has never waned. In 1865, continued Mrs. Rhynas, the first group was organized in Ontario and since that time a proud record has been built.

Pictured above are some of the executive members of the Women's Hospital Auxiliaries Association, Province of Ontario. Left to right: Mrs. W. C. Mikel, Belleville; Mrs. H. G. Horning, Woodstock; Mrs. M. F. MacIntosh, Woodstock; Mrs. J. G. Clark, Tillsonburg; and Mrs. W. R. Whiteside, Windsor.

During the Sunday afternoon program a Book of Remembrance was formally opened. This volume, beautifully bound and encased in a cabinet of polished mahogany, was a gift to the association from Mrs. James D. Good of London, a pioneer member of the Ontario assocation and a member of the National Council of

Women's Auxiliaries. The book contains the minutes of the first meeting of the provincial association and a record of all those who have received honorary recognition for their work in the association throughout the years. After the ceremony, the book was handed over to its appointed custodian, Mrs. E. D. Gruetzner of Hanover.

At this function a musical program was provided through the courtesy of George A. Ferchat of the Ontario Hospital Association. Guests were received by: Mrs. W. C. Mikel, acting president; Mrs. Oliver Rhynas; Mrs. R. J. Weatherill; Mrs. C. N. Weber.

Guests from other provinces during the convention were: Mrs. J. Milton George, Morden, Manitoba; Mrs. Forbes Perkins, Vancouver; Mrs. James Ross, Truro, Nova Scotia; all of whom are members of the National Council of Women's Auxiliaries. These ladies acted as judges in a competition for the best report presented by the various affiliated groups during the business meetings — a difficult task as so many new ideas were brought forth in these brief résumés of group activities. All reports gave evidence of increased efforts and splendid returns. The prize went to the Port Hope General Hospital Auxiliary.

A popular feature of the meeting was the Monday morning breakfast at which Dr. G. D. W. Cameron, Deputy Minister of National Health and Welfare, Ottawa, was the guest speaker. Dr. Cameron surveyed accomplishments under the National Health Program during the past four and a half years. Dr. Malcolm MacEachern, who never misses this function, brought greetings from the American Hospital Association; and C. N. Weber, president-elect of the Ontario Association, extended good wishes. Music was again under the direction of George Ferchat; one song, "My Canada", having been written by Mrs. Rhynas especially for the occasion.

During the business meeting on Monday Mrs. W. R. Whiteside, treasurer, reported that the year's receipts totalled $2,105.78 and expenses were $1,588.98. She pointed out that during the year 18 new affiliates had joined the provincial association. In the course of the convention, greetings were received from Quebec, the Maritimes, Alberta, Manitoba, Saskatchewan, and British Columbia—which speaks eloquently for the closer bonds beng welded across Canada in this benevolent voluntary effort.

Other enjoyable events were a reception at Queen's Park by Mrs. Louis O. Breithaupt, attended by over 250 delegates; and a luncheon at which Mrs. W. C. Douglas of Toronto entertained forty visitors, including guests from other provinces, with representatives from press and radio. A novel feature of the week was a radio broadcast over C.K.E.Y. in which a panel of auxiliary officers and guests from the hospital field participated.

During the various sessions, several life memberships were presented to members of affiliated auxiliaries, these being the gift of the auxiliary in which members had given long service. Among these, life memberships in the provincial association were presented to Mrs. W. C. Douglas, Toronto, widely known for her benevolence, and to Mrs. W. R. Whiteside, Windsor, who is treasurer of the Association. Mrs. Rhynas was presented with a life membership and bouquet from the Markdale auxiliary. Mrs. Mikel of Belleville received a beautiful bouquet and an appropriate expression of thanks for assuming the duties of acting president, owing to the illness and death of the president, the late Mrs. T. J. Lytle (see p. 12).—*Courtesy Margaret Rhynas*

Mrs. James D. Good of London, Ont., (left), poses with two guests, Mrs. Forbes Perkins, Vancouver, (centre) and Mrs. James Ross, Truro, N.S. (right), who attended the Ontario auxiliaries annual meeting.

Newly Elected Officers Women's Hospital Auxiliaries, Ontario

Officers elected for the coming year by the Women's Hospital Auxiliaries Association, Province of Ontario, are as follows:

Past president: Mrs. W. C. Mikel, Belleville.

President: Mrs. H. G. Horning, Woodstock.

Recording Secretary: Mrs. J. George Clark, Tillsonburg.

Corresponding Secretary: Mrs. M. F. McIntosh, Woodstock.

Treasurer: Mrs. William R. Whiteside, Windsor.

Vice presidents: Mrs. W. S. Connell, Hamilton; Mrs. P. M. Dewan, Ingersoll; Mrs. A. J. Dodman, Chatham; Mrs. G. G. Henderson, Windsor; Mrs. W. Harold Davis, Kingston; Mrs. D. Dworkin, Toronto; and Mrs. W. A. Little, Guelph.

* * * *

Bazaar Nets $900 at Amherst, N.S.

The auxiliary to the Highland View Hospital, Amherst, N.S., held a very successful one-day bazaar in October and realized a profit of some $900. The money will be used to provide linen for the hospital.

* * * *

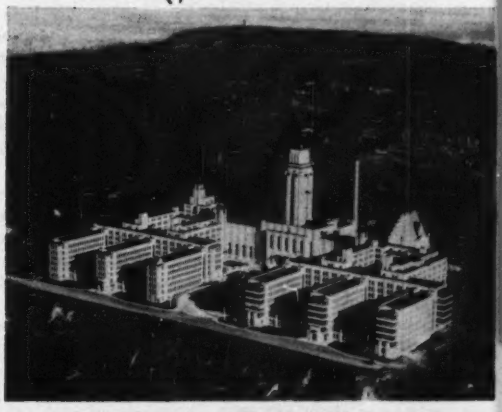
Auxiliary Holds Auction

The ladies' auxiliary to the Clinton Community Hospital, Clinton, Ont., held a successful auction sale in October, raising over $750. The money will be used to purchase equipment for the hospital.

THERE'S A DIFFERENCE BETWEEN

Since 1935, in the old buildings as well as in the towering new location, our Engineers have planned and installed laboratories. We are proud to share in the world-wide renown enjoyed by one of the best equipped Universities.

It has been our privilege during the past 22 years to provide laboratory furniture for some of the largest and finest laboratories across the land. The growth of our laboratory furniture business from year to year has more than justified our belief in the future of highly specialized scientific furniture.



On top of beautiful Mount Royal . . . Université de Montréal dominates.

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Notes on Federal Grants

Construction

The McKellar General Hospital, Fort William, Ont., is carrying out an extensive program of renovation and enlargement which is not scheduled for completion until next year. The federal government has made a grant of $207,000 towards the cost of this construction as well as earlier grants amounting to $20,350.

A grant of $8,500 has been approved for the General and Marine Hospital at Collingwood, Ont., to help meet the costs of converting the superintendent's suite into space for four additional patients and of providing a 10-bed nurses' residence.

In Brockville, Ont., four attached houses were purchased and extensive alterations made to provide a larger residence for nurses at the Brockville General Hospital. The federal aid toward this project will be about $3,900.

At Kincardine, Ont., a new 19-bed nurses' residence is being built as the first stage of a program of reconstructing and enlarging the Kincardine General Hospital there. The federal grant will be $9,500. At Ajax, near Toronto, Ont., a new general hospital is being established to serve about 6,000 people in Ajax and the adjoining township of Pickering. It will have space for 34 beds, a 12-bassinet nursery, and modern medical, surgical, and obstetrical facilities. The federal grant will be one-third of the cost of the building or about $33,300.

A $50,000 grant has been earmarked for St. Michael's Hospital, Toronto, which is adding 100 beds to its nurses' residence to bring its accommodation for nurses up to 383 beds.

Several hospitals in Manitoba have been awarded federal grants recently to help meet their construction costs. At Souris, the district hospital is being renovated and enlarged to provide space for 34 additional beds, an eight-bassinet nursery, nurses' accommodation, offices for the personnel of the local health unit and for the district's diagnostic services. Construction is scheduled for completion by next spring; the federal grant toward the cost will be about $48,600. A new hospital is being built at MacGregor to serve about 4,000 people in the North Norfolk-MacGregor medical nursing unit district. It will have space for five beds, a four-bassinet nursery, residence accommodation for three nurses, and office space for local physicians and public health personnel. The federal grant will be about $12,000. At Notre Dame de Lourdes, an eight-bed hospital is being built to care for maternity, casualty, medical, and minor surgical cases among the 3,500 people of the Notre Dame medical nursing unit. It will have a four-bassinet nursery, living accommodation for five nurses, and office space for the local doctor. A federal grant of $13,900 has been earmarked for this project. Alterations at the provincial sanatorium, Ninette, will provide accommodation for 10 additional patients in space formerly used as diet kitchens. The federal grant toward the cost of alterations will be $15,000.

Federal grants totalling more than $2,200,000 have been approved for five more hospitals in Quebec — in Montreal, St. Joseph d'Alma, Chicoutimi, and St. Johns. The largest single grant — $1,380,231 — goes towards the construction costs of the new Hôpital Ste-Justine now being built on Côte Ste. Catherine Road, Montreal. When completed, this hospital will contain 796 beds, a 108-bassinet nursery, an extensive out-patient department, and a residence with accommodation for 347 nurses.

The Hôpital Ste-Jeanne d'Arc, also in Montreal, will receive $325,400 to assist with the costs of adding space for 285 beds, a community health centre, and an 18-bed nurses' residence. The new construction, scheduled for completion next year, will also contain space for new operating rooms and laboratories. At St. Joseph d'Alma, a new 122-bed hospital is being erected by the Augustin sisters to serve the people of Lake St. John county. It will have a 38-bassinet nursery; modern medical, surgical, and obstetrical services; and space for a community health centre. The federal grant toward the construction, scheduled for completion next year, will be approximately $158,800.

The Hôtel-Dieu St. Vallier, Chicoutimi, is being enlarged by converting space formerly occupied by the staff into accommodation for additional patients, by adding a floor to the existing building and constructing a new wing. The additional space will provide accommodation for 192 more patients in the active treatment section; a 60-bassinet nursery; 54 beds for a neuropsychiatric department; a 44-bed residence for nurses; and a community health centre. The federal grant toward this work will be about $362,700. The St. John Hospital, operated by the Grey Nuns at St. Johns has also increased its bed capacity by converting staff quarters on the fifth floor into space for additional patients. The federal grant for this project is $10,000.

At Enderby, B.C., a new 20-bed hospital has been built to replace an obsolete building. It serves about 3,500 people in the Okanagan Valley. The provincial government is providing one-third of the cost of construction and the federal government a grant of more than $21,300.

Personnel

Seven Manitobans will receive special training through federal health bursaries. A senior staff member of the Brandon Hospital for Mental Diseases, Brandon, has been awarded a bursary for a year's study in neuropsychiatry at the Graduate School of Medicine, University of Pennsylvania, in Philadelphia. Five doctors from the provincial tuberculosis service will take an intensive short course in the prevention, diagnosis, and treatment of tuberculosis, being given at the Toronto Hospital for Tuberculosis.

Another bursary goes to the statistician for the Winnipeg City Health Department, for two months' study of methods of handling vital statistics, the training to be taken at the Dominion Bureau of Statistics, Ottawa, and the City of Toronto Health Department.

Funds have also been earmarked to meet the costs of a two weeks' refresher course for about 40 matrons and supervisors of obstetrical services in rural and non-teaching hospitals and medical nursing units. The course

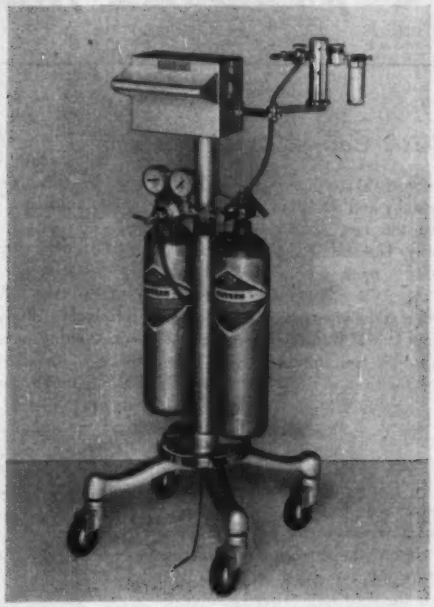
(Concluded on page 95)

*MANN INFANT RESUSCITATOR

A NEW MACHINE WITH UNIQUE FEATURES FOR TRACHEAL-INTUBATION AND DIRECT ADMINISTRATION OF INTRATRACHEAL OXYGEN.

- **MANUALLY OPERATED**
- **DEPENDABLE**
- **SAFE**

This machine which is entirely manually controlled has been devised to overcome the objections to automatic devices, many of which contain multiple working parts resulting in the machine frequently getting out of order.



DEPENDABILITY IS ESSENTIAL IN A MACHINE USED MAINLY IN EMERGENCY

The machine is a self contained unit mounted on a heavy base with freely wheeling casters. Oxygen is supplied from two tanks, one in operation, the second a spare, always available. The oxygen is delivered to the resuscitation head through a standard reducing valve. A small built-in cabinet provides storage space for—

1) A laryngoscope and spare batteries; 2) 4 Intratracheal catheters in graduated diameters Nos. 4, 5, 6, 7; 3) A face mask.

The head consists of:—(1) A manually controlled suction bulb for removal of mucus and a removable, transparent plastic drainage trap. No mucus can enter the oxygen administering valve. (2) The resuscitating valve is of the simplest single chamber two port ball valve construction. It is simply a positive and negative resuscitating safety valve. No setting is necessary and no change of these pressures can be made. Even with gross pressure ranges at the reducing valve these positive and negative pressures applied to the infant cannot be altered.

This apparatus and method of resuscitation is accepted and endorsed by the Department of Obstetrics and Gynecology, and the Department of Anaesthesia, University of Toronto, Canada.

IMPERIAL SURGICAL CO.

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*Dr. John Mann, Department of Obstetrics and Gynecology, Toronto General Hospital.

Provincial Notes

British Columbia

BURNABY. More than 6,000 residents of Burnaby and the lower mainland inspected the new four-storey, 122-bed Burnaby General Hospital during a four-day open house, held in October. The $1,000,000 structure may be extended to accommodate 250 patients in the future without extending the kitchen, laundry, and other service facilities.

• • • •

DUNCAN. Plans for a new 44-bed wing to The King's Daughters' Hospital have been submitted to the provincial government for approval. The total cost of the three-storey, concrete structure is estimated at $371,250. This is the first step toward the hospital board's goal of a 200-bed hospital.

• • • •

VICTORIA. A new $450,000, 100-bed Victoria Nursing Home will be constructed with aid from the federal, provincial, and municipal governments. The new building will replace the present 40-bed institution, the Gorge Road Nursing Home, which will be used as a nurses' residence. The home will accommodate long-term patients only and is being planned as a one-storey structure.

Alberta

CALGARY. A contract has been awarded for the construction of a new building for the Salvation Army Grace Hospital and work is expected to begin shortly. It will be constructed west of the existing hospital, which was a boys' school at one time and has been occupied by the Salvation Army for 25 years. Public maternity cases will be admitted to the present hospital until the new one is completed and at that time the policy will be changed and only unmarried mothers will be admitted. Construction work will cost approximately $238,168, with $30,000 for equipment. An additional $30,000 will be spent on renovations for the older building.

• • • •

EDMONTON. A committee has been formed to study the advisability of constructing a new $1,200,000 service wing to the Royal Alexandra Hospital. A money by-law, authorizing the borrowing of $1,200,000, was carried by a vote of 88.5 per cent during the 1950 civic elections. Immediate demand for another wing arises from the urgent need for additional space to house the hospital's pathological laboratories.

Saskatchewan

REGINA. A contract has been awarded for the construction of a $470,000 extension to the nurses' residence at the Regina General Hospital. The four-storey wing will be built extending from the north side of the present residence. To contain 32 rooms, the new building will also offer improved training facilities and lecture rooms for the student nurses. A one-storey structure, to contain a gymnasium, will be built adjoining the extension and will be connected to the basement of the existing residence by means of a tunnel.

• • • •

ROSTHERN. On the first of October, the new 23-bed Rosthern Union Hospital was officially opened. The one-storey, cross-shaped, brick structure has no basement and the heating and plumbing pipes are hung in a tunnel outside the periphery of the hospital. Maternity wards are located in the north wing, surgical and medical wards in the south wing, administrative offices in the west wing, and service facilities in the east wing. The building was financed by $125,000 in debentures, $59,700 in federal and provincial government grants, and $20,000 in donations, including proceeds from the sale of the former Rosthern Community Hospital.

• • • •

WEYBURN. Some 3,500 people attended opening ceremonies, in October, which marked the completion of Weyburn's new 80-bed Union Hospital. The "T"-shaped building is a four-storey structure with a full basement.

• • • •

ZENON PARK. A new 20-bed hospital was opened here on October 19th. Under construction since early in 1951, the new institution was built at a cost of more than $100,000. The 42- by 92-foot structure is of frame, finished in stucco, and contains an operating theatre as well as x-ray facilities. The hospital is operated by the Sisters of Notre Dame de Chambriac.

Ontario

KITCHENER. The Kitchener-Waterloo Hospital Commission have voted to increase some room rates and certain operating room charges at the Kitchener-Waterloo Hospital. The new rates, which went into effect at the beginning of October, involve an increase of 50 cents a day for ward and semi-private rooms; some larger private rooms will be increased by $1 a day. The new ward rates will be $6.50 per day, semi-private rates, $8.50; and private rooms, $11 to $12 a day. The board also granted a salary increase to the staff nurses which will amount to a total cost of approximately $1,800 a month. This increase is retroactive to September 1st.

• • • •

LONDON. Payment of higher rates by out-of-town patients in the Victoria Hospital was approved recently by the hospital's board of trustees. Under the plan, a surcharge or "equalization rate" of about $1.50 a day will be paid by all patients except those living in London. Residents of the County of

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Manitoba Hospital Convention

(Continued from page 48)

of Surgeons for the heritage they have left to the commission. He summed up his remarks by stating that the ultimate health and welfare of millions of people and the saving of many lives might well depend on the continued co-operation of the agencies participating in the accreditation of hospitals, *i.e.*, voluntary judgment of hospital management and medical practice.

As past president of the Associated Hospitals of Manitoba and president, Canadian Hospital Council, Dr. Owen C. Trainor officially thanked Dr. Crosby for his address. He also drew attention to the fact that the late Dr. George Findlay Stephens and Dr. Harvey Agnew were the only previous presidents of the American Hospital Association who had attended a Manitoba convention. He expressed the appreciation of the participating groups to Dr. Crosby for being present at the beginning to the end of the convention and for taking such an active part. His remark: "We in Manitoba will forever think of Ed Crosby as a close friend and a good neighbour" drew prolonged applause from the crowded banquet hall.

Trusteeship

At a sectional meeting of the hospital group, the subject of trusteeship was considered with D. Bruce Shaw of Winnipeg acting as chairman. John M. MacIntyre of Winnipeg Municipal Hospitals held that the relationship between trustees and employees is of prime importance. A high rate of staff turnovers, contributing to inefficient operation, frequently indicated inadequate personnel relations, said Mr. MacIntyre. He described many types of work in hospitals as difficult and laborious and suggested that, in engaging personnel, it was well to give them the whole story concerning the work they would be expected to do. He urged co-operation with employee associations and unionized groups. He made a plea to trustees to provide employees not only with economic security but also with personal security which can come only when the employee feels he has the sympathy and understanding of his employer.

An intelligent board of management was cited by Dr. Edwin L. Crosby as the main key to the successful operation of a voluntary hospital. The board should reflect enlightened public opinion towards the community hospital and should, in turn, interpret the hospital to the community. Individual trustees should be interested in hospital affairs and education. While Dr. Crosby proposed a limit of three to five years for a trustee's term of office as a general principle, he readily conceded that longer terms for outstanding trustees merely indicated that "the exception proved the rule". He suggested brief, business-like meetings for boards rather than long and frequently contentious deliberations.

A forum was also presented at this session, with Mr. Shaw acting as question master. Participants included Dr. Crosby, Judge George, Earl Murrey, Neepawa, R. J. Hood, Carberry, M. Crystal, Brandon, and H. B. McLeod, Winnipeg.

Standard of Care and Economics

The question of economics received attention in a general session following the theme, "Relationship of Standard of Care of Hospital Economics", under the chairmanship of Gordon L. Pickering of St. Boniface. Reverend Sister M. Honora of St. Joseph's Hospital, Winnipeg, spoke on economics in administration. Dr. Carl S. Klicka, director of St. Boniface Hospital, Minneapolis, Minn., gave an informative paper on economics in medical practice. Among the many interesting figures which Dr. Klicka presented was the ratio of distribution of the medical dollar which in comparatively few years has changed from "hospital 17, doctor 30", to "hospital 23, doctor 28". While acknowledging that this change in ratio may result mainly from the concentration of diagnostic and treatment services in the hospital, it is also partly due to the fact that, in the same period, admissions to hospitals have climbed 80 per cent, while the population has increased by only 15 per cent. He stated that every patient expects his physician to know exactly why hospital costs have increased. The fact that many doctors, perhaps most, cannot explain this increase to patients results in the doctor himself concluding that hospital costs must be too high. Dr. Klicka gave emphasis to his remarks through the use of numerous charts and illustrations cast on the screen, thus giving a visual as well as an oral presentation.

In speaking on "Do we practise False Economy?", Allan K. McTaggart of the Brandon General Hospital cited many cases in which the answer to questions posed by his paper would be "yes". Purchasing both supplies and equipment, but particularly equipment, for the lowest quoted cost regardless of quality or performance was condemned as a false economy which would cost the hospital many times the value of the original purchase over the years. Such things as linen dimensions and uniform design were among the many examples used by Mr. McTaggart.

Business Session

At the business session of the Associated Hospitals of Manitoba, reports were received from each of the regional groups making up the association, from the treasurer, Frank Silversides, Winnipeg, and the executive secretary, Paul D. Shannon.

In concluding the final session of the Associated Hospitals of Manitoba, Judge J. Milton George, Q.C., retiring president, thanked the many people, and organizations, who had contributed to the successful conference. The assembled delegates received with very apparent regret the Judge's announcement that, shortly after the end of the

(Concluded on page 90)

Coming Conventions

Feb. 5-6—American Hospital Association, Midyear Conference, Drake Hotel, Chicago, Ill.
Feb. 10-13—American Protestant Hospital Association Convention, Palmer House, Chicago, Ill.
May 15-19—Biennial Meeting of the Canadian Hospital Council, Chateau Laurier, Ottawa.
May 25-30—International Hospital Congress, London, Eng.
June 10-12—Annual Meeting of the Maritime Hospital Association, Algonquin Hotel, St. Andrews, N.B.
Oct. 26-28—Ontario Hospital Association Convention, Royal York Hotel, Toronto.

'In your hands'

The future of Canada is in the hands of the medical profession. The young mothers of today rely on their doctor's advice on the care and proper nutrition of their infants to a greater degree than ever before.

Child-rearing is becoming more and more scientific as the years pass, and this is especially true in the matter of diet. More attention is being given to digestive troubles, allergies, and so on.

We, at Heinz, know a little about these problems, for medical men are invariably consulted before new varieties of Heinz Cereals, Strained Baby Foods or Junior Foods are approved for infant consumption and placed on the market.

Moreover, we welcome comment and criticism from the medical profession on the broad programme of advertising we devote annually to baby feeding. This publicity, which constantly stresses the importance of consulting a physician, must send many thousands of new mothers to doctors' offices every year.

Heinz

Makers of Baby Cereals • Strained Foods • Junior Foods

BFB-52

O.H.A. Convention

(Continued from page 52)

the discussion on Mr. Holland's paper.

In the hope that a few purchasing agents had wandered into the meeting, John Hornal, superintendent of the Peterborough Civic Hospital, said that his remarks on purchasing would be directed to show how the purchasing agent may help the accountant. By means of illustrations flashed on the screen, Mr. Hornal explained the advantages of systematizing records, including requisitions for hospital supplies. He offered two commandments to purchasing agents — "Thou shalt buy nothing unless thou receivest a requisition" and "When thou buyest, thou shalt write a purchase order". Mr. Hornal also pointed out that the purchasing department must co-operate with the accounting department if we are to achieve the best results from the new Canadian Hospital Accounting Manual. W. C. Abs, administrator, Galt General Hospital, led the discussion on Mr. Hornal's review, with Garnet Stark of Ottawa and George McQueen contributing.

The ever-present problem of controlling linen supplies in the hospital was tackled by W. H. Shea, laundry manager at the Toronto General Hospital. He outlined how a satisfactory system had been planned and carried out at his hospital. He stressed that one of the important factors in control is inspection and the discarding of linens deemed unfit for use. Sister Teresa Agatha, secretary of the General Hospital, Sault Ste. Marie, brought forward additional points for consideration.

A Skit in Time . . .

After two days of earnest discussion, furrowed brows, and serious problems, hospital people had an excellent opportunity to laugh at themselves and their troubles. At the conclusion of the accounting session, a diverting surprise came in "Monday Morning in the Business Office", a skit presented under the direction of Myrtle Lambert, Cornwall General Hospital. To the huge delight of the audience, a harried chief accountant tried to cope with one of the bluest Monday mornings imaginable. The cast included A. L. Thompson, Martha Nephew, Stan Raven, Myrtle Lambert, Bernadette Legris, and Gladys Carter. A "hospital Oscar" to Miss Lambert and company — we're still laughing.

The committee of the accounting section for 1952-53 is as follows: W. E. Cox, Guelph; W. A. Holland, Oshawa; Myrtle Lambert, Cornwall; George J. McQueen, Hamilton; W. A. Murphy, Oakville; E. Carey Robinson, St. Catharines; A. T. Story, Owen Sound; Max B. Wallace, Toronto; Eric R. Willcocks, Toronto.

The Dietitians

What should student nurses be taught about nutrition? Answers to this question were proposed at the dietetic sectional meeting, from the viewpoint of a medical doctor, a nutritionist, and a nurse. Last year, Dr. Elizabeth Chant Robertson, Ruth Moyle, and Marian L. Gibson, Reg. N., were appointed to a committee, under the chairmanship of Mrs. Ollia Cikalo, to investigate a curriculum for teaching nutrition to student nurses. Along with extensive comments upon their investigation, this committee presented an outline of a curriculum for the approval of the meeting. A motion was passed to the effect that this outline be sent to the Registered Nurses' Association of Ontario for study and also be made available to any dietitian who is planning a course for student nurses. A resolution was also passed concerning examination papers for student nurses, as it was proposed that one or two qualified dietitians should be on the board which prepares the papers and should also mark them.

Student nurses were given further attention in an address delivered by Gwendolyn Taylor, director of dietetics, Strong Memorial Hospital, Rochester, N.Y. Miss Taylor described methods of lecturing and presenting material to students which had found favour in her hospital. These methods, she said were rewarded by an increased interest in nutrition on the part of students.

Dr. H. R. McAlister, Hamilton General Hospital, spoke on the "Diabetic and the Dietitian" and pointed out how the dietitian can do so much to help a diabetic patient by understanding his problem and by giving him instruction.

The dietetic section concluded with a warm invitation from Edith Wark of the Toronto Western Hospital to come and visit the new cafeteria at her hospital. The invitation was accepted by many who enjoyed their tour of the dietetic department and the gracious hospitality extended by hospital personnel.

The meeting this year was under the chairmanship of Aileen Morgan, B.H.Sc., Peterborough. Officers for next year are: Jean Barbour, Toronto, chairman; Gladys Martin, Toronto, vice-chairman; and Elizabeth Lawson, Kitchener, secretary.

Generally Speaking

In a very informative and comprehensive address, G. Harvey Agnew, M.D., discussed our needs in hospital beds today, indicating that, under the federal grants program, the shortage in beds has been whittled down considerably. In describing various methods of estimating needs, Dr. Agnew pointed out that, with any method, much depends upon the ability of the surveyor to appraise and correctly interpret the various local influences which affect the picture and the equally long-range trends in medical treatment and in hospital practice. Today, in light of costs and the scarcity of skilled staff, we should "be sure we really need the beds we think we do" and endeavour to plan our construction for the 75 to 100 years of life-time which can be expected from the present-day type of construction. Dr. Agnew also considered the factors which reduce and increase the need for beds and spoke about the unnecessary use of beds, through abuse of benefits in pre-payment plans. In assessing bed needs, we must also consider future changes, such as the development of supervised home care after discharge; the day when sanatoria may disappear, with the few remaining cases treated in general hospitals; and the time when more mental cases will also be treated in general hospitals. In speaking of the need for more long-term beds, Dr. Agnew stressed that an early major development should be an all-out program for the care of long-term patients. He concluded that while we need more beds now and in the future, we should use considerable discretion in determining how many and should face the fact that this demand for bed accommodation can get out of hand and may already be out of hand. The public, doctors, and hospitals must work together to keep down the cost of sickness.

In achieving a healthy medical staff organization, the administrator's responsibility is active and not passive, Dr. W. Douglas Piercey emphasized

in his address. The administrator is the important link between the trustees and medical staff and is responsible for carrying out the policies formulated by the trustees. "The wise administrator is one who has learned that control of the medical staff can only come from within the staff itself", was one of Dr. Piercey's pithy remarks.

Employer-employee relations should be simply human relations was the belief expressed by Robert Buckner, superintendent, Metropolitan General Hospital, Windsor. He reviewed personnel policies in effect at the Metropolitan and stressed that good employee relations make good public relations, for there is no better ambassador to the community than a happy employee.

Just a little different and quite provocative was the viewpoint provided at the convention by Dr. Robin C. Buerki, executive director of the Henry Ford Hospital, Detroit, Mich. Dr. Buerki addressed the convention on the subject of the hospital as a community health centre, and helped to spark discussion at a round table conference. A primary job of an administrator, as far as the public is concerned, is to educate, Dr. Buerki emphasized, since so often people fail to realize what a hospital can do, is doing and will do in the future. He believed that community health programs should be accommodated in general hospitals, that contagious diseases should be treated in these institutions, and that the maternity hospital should be part of the general hospital set-up. The community hospital must be general in the services it provides as well as in the name it bears. It is the job of administrators to see that this idea is passed along to trustees, doctors, and the public, Dr. Buerki warned, if it is to become fact.

Should the hospital employ a social worker? How do you negotiate with trade unions? Should administrators allow radios in wards? and just what do you do about television? These were some of the questions raised at the round table conference which took place at the end of the convention. Ably answering and stimulating further discussion were: J. L. Bateman, Stratford; Mary Bourne; Dr. Robin C. Buerki; J. S. Clark, Owen Sound; Robert B. Ferguson, Weston; Rev. Sister Maura, Toronto; Douglas R. Peart, Port Arthur; and Murray W. Ross, Toronto.

Pharmacists

Pharmacists, in goodly number, enjoyed the excellent addresses presented at their sectional meeting, which was under the chairmanship of F. D. Buck of Kingston.

They felt themselves very fortunate in having, as a speaker, Dr. Arnold E. Osterberg, formerly of the Mayo Clinic and now associated with Abbot Laboratories of North Chicago, Ill. "Essentiality of Fluid and Electrolyte Balance" was his topic and time permitted only a brief résumé of a subject, a single phase of which merits days of discussion.

F. D. Buck, chief pharmacist of the Kingston General Hospital, spoke on the therapeutics and pharmacy committee. He emphasized that such a committee required a great deal of work and that the pharmacist would need clerical assistance to carry out the project. "Point-rating", as applied to the hospital pharmacy and developed by the Catholic Hospital Association, was discussed by Sr. M. Ancilla, chief pharmacist of St. Joseph's Hospi-

tal, Hamilton. A study of this plan gives the pharmacist a tool whereby he can evaluate the efficiency of his department, regardless of the type and size of his hospital. Irene O. Olynyk, chief pharmacist, Women's College Hospital, Toronto, spoke about new formulas and their preparation. These formulas can be used to make products which can save money for the hospital and are preferable to similar commercial products, now available.

Dean F. N. Hughes of the Ontario College of Pharmacy addressed the group at luncheon. He stressed the fact that the College was prepared to embark on a more intensive program if full co-operation could be promised by hospitals. There are far too few facilities available in the hospitals of Ontario for adequate pharmacists' internships, Dean Hughes said. Just out of College, the new pharmacist, taught to use modern equipment and methods, finds himself in a hospital pharmacy of the "horse and buggy days" and thinks himself twice blessed if he can find a hobart mixer.

Convention Pot-pourri

A pleasant interlude in the busy round of meetings was provided by the banquet on Tuesday evening. R. J. Weatherill, retiring president, was presented with a past-president's pin; and Elspeth Moir, assistant secretary of the O.H.A., received a handsome wrist watch, in appreciation of her untiring efforts on behalf of the association. After the banquet, a choral group entertained with pleasing selections; this was followed by dancing and cards.

Problem clinics, a successful innovation at last year's convention, were held again this year. Besides hospital personnel, representatives from the provincial department of health, the workmen's compensation board, and the Registered Nurses' Association, were present to lend a helping hand to delegates with specific problems.

Another bonus feature of the convention was a visit to the Toronto Western Hospital where delegates received a very gracious welcome and were taken on an extensive tour of the hospital.

"Marching off the Map" was the title chosen by Dr. Warren Cook, Boston, when he addressed a breakfast meeting of the American College of Hospital Administrators. An entertaining and stimulating speaker, Dr. Warren showed the importance of constantly making new maps through progress.

Resolutions

Among the resolutions submitted by the committee, under the chairmanship of John Hornal, those dealing with the following subjects were of special interest.

It was resolved that copies of an outline, prepared by the dietetic section, and entitled "A Guide to Nutrition Teaching and Nutrition Lectures and Food Cookery for Student Nurses" be made available on request to dietitians.

The financial assistance of the provincial government was sought for approved schools of nursing and also in the matter of indigent patients. In connection with the latter, the Association would request that "the special grants for medically indigent patients be paid at the same time as the regular maintenance grants, on the basis of the experience of the previous year, with any necessary adjustments being made in the final quarterly payment of each year". It was further resolved

that the Board of Directors be instructed to study the problem of indigent patients and concurrently to make representation to the provincial government, pointing out the desirability, if necessary, of establishing a commission to study this problem, and the need for some measure of relief until such a time as a satisfactory over-all solution is determined.—*Reported by Marianna Korman*

Officers

Honorary President: Hon. Mackinnon Phillips, M.D., provincial minister of health

Honorary Vice-president: R. J. Weatherill St. Catharines.

President: C. N. Weber, Kitchener.

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Hospital Finance

(Concluded from page 39)

ly in health education among their subscribers and even to award dividends to groups with better than usual favourable experience. I know that Blue Cross has been organized on a broader social basis than a strict insurance scheme and it may be difficult to work out such ideas and conform to Blue Cross principles. I merely wish to point out the desirability of keeping every individual conscious of the need for his co-operation if we are to keep the costs to himself down and to make really effective the coverage which will be needed in an emergency.

Various writers have pointed out, as has Conant Faxon in *Trustee*, April, 1952, that hospital costs have not increased so much when shorter average stay and the lower value of the dollar today are both considered. It is true that we must acknowledge the improvement in effective medical treatment but we must also realize that this improvement prolongs the life span to the point where the incidence of degenerative disease with its lengthy treatment is greater. Therefore, any comfort we can take from the shorter average stay today is apt to be short-lived.

You will notice that I have stressed medical treatment rather than hospital care. I feel that while we should be proud of the role played by the hospitals in making medical advances possible and of the wonderful medical organizations built around hospitals, we should always be conscious that the hospital is only one factor contributing to the work of the medical profession in healing the sick and maintaining our health. However, I also feel that the hospital will be most effective if the medical profession realizes the

importance of the hospital and treats all the various employees, professional and otherwise, as partners in this work. All of us, trustees, medical staff, nurses, technical staff, business personnel, and administration, must co-operate to be truly effective.

This discussion has presented no answer to the problems involved in the changing picture of hospital finance. The writer has been unable to arrive at any answer. Conscious of the fact that the apparent lack of an answer may lead us in despair to adopt a course which will destroy all that has been built up by individual initiative, a plea is made for individual co-operation and for policies which will foster the individual's incentive to co-operate in the hope that, through persistent effort, we will be able to meet our continuing challenge.

Dominion Statistician

(Concluded from page 45)

countries; and I think we can say with some pride that very few countries have such a well-developed body of statistical information about their hospitals as we have in this country. As a matter of fact our Canadian system will be used as a model next month* when Canada is acting as the host for an International Statistical Seminar which has been arranged by the United Nations. There will be delegates from about 25 countries, some from as far away as Indonesia and Burma, who will be examining our Canadian methods intensively for about three weeks. I am sure that many of the delegates will gain ideas which they will be able to use in developing the hospital statistics of their own countries.

The prestige which our Canadian statistics enjoy in the eyes of other countries is very gratifying, but we in the bureau are keenly aware that the success of the whole system rests on the individual people who supply us with our source information. Knowing this, I would urge you to make your reports as accurate and complete as possible. If there is any way in which we can help you or make things easier we are ready at any time to do so; and we are particularly glad to be able to join in your discussions at the regular meetings of your hospital associations or at least these specially organized institutes.

**This Seminar took place in October.*

Correspondence

To the Editor:

A regrettable and widespread result of the investigation of what has been going on at the East Windsor Hospital for Incurables is the likelihood that many people will think that these practices are common among administrators and trustees. As a result of Commissioner Fraser's findings, all of our hospitals and their personnel suffer.

It cannot be stated too emphatically that hospital trustees and administrators generally are as indignant over these revelations as, presumably, are citizens at large. Our public hospitals are directed by men and women of the highest integrity, individuals who place the patients' interests first and who scrupulously avoid those practices which would divert hospital funds or contravene sales tax and other exemptions. Our board members work entirely without remuneration, give unstintingly of their time and thought, and far more than is realized, of their personal funds or goods as well. In their efforts to avoid any suspicion of personal gain, hundreds of them have penalized themselves by refusing to do business with their own hospital, or have done so at a deliberate financial loss.

After twenty-five years of working day in and day out with hospital boards and administrators from coast to coast, I can honestly say that I have never met a finer and more public-spirited group of men and women. We are exceedingly fortunate that the management and direction of our hospitals are in the hands of such devoted and conscientious people.

Yours Sincerely,

"Harvey Agnew"

Dr. Agnew, an authority well-known to our readers, is a professor of hospital administration, University of Toronto, and hospital consultant, Neergaard, Agnew, and Craig, Toronto and New York; and was formerly executive secretary of the Canadian Hospital Council, and secretary of the hospital service department, Canadian Medical Association.—*Edit.*

Time Table for Pin-Index Safety System

In our November issue, page 54, appeared an article on the pin-index system which is an important new safety measure in administering medical gases. There are certain dates in connection with the conversion of gas apparatus which are of vital concern to the hospital field. To emphasize these dates, the time table is as follows:

May 1, 1953—

Only cylinders with *drilled valves* to be shipped after this date.

May 1, 1953—

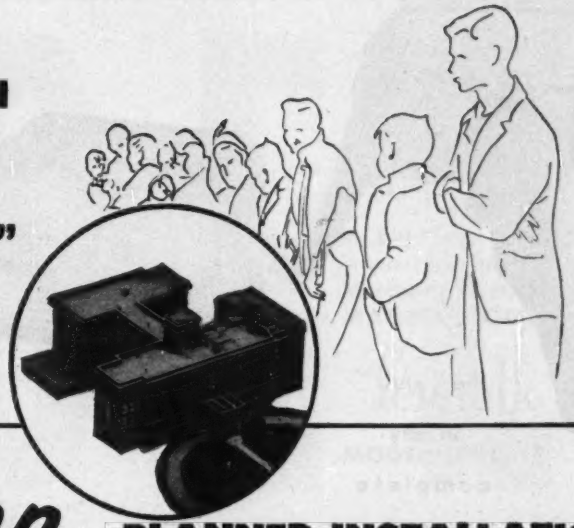
Conversion of existing gas apparatus should begin and all apparatus shipped after this date should incorporate the Pin-index Safety System.

Note:

It should be observed that cylinders with *drilled valves* can be used on yokes whether or not they are equipped with pins, but a yoke connection equipped with pins *cannot* accommodate cylinders having *undrilled* valves.

MODERNIZATION

eased the Laundry "Growing Pains" for Children's Hospital Columbus, Ohio



Hoffman -PLANNED INSTALLATION

MATCHES LINEN SUPPLY TO DEMAND

At far left, two new end-loading "Shell-Less" washers to supplement a previously installed 44 x 54 "Shell-Less", which was elevated for faster unloading. At right, a new 40-inch open-top extractor.

Bottleneck in finishing linen was broken by the addition of a 4-roll, 110-inch Hoffman flatwork ironer, a 42 x 60 "Balanced Suction" tumbler and (not shown) a 36 x 30 "Ucon" Tumbler.

A heavy schedule of overtime work, week after week — repeated need for sending laundry to outside processors — these were the "prices" paid by the 200-bed Children's Hospital for increasing service to its community. "What should be done about our laundry operation?"

A Hoffman laundry survey confirmed the fact that occupancy close to 100% (through the admission of adult polio cases) and work from a new nurses' home had established a basic laundry load greater than the existing equipment could handle or stay "caught up" with.

At the request of the Hospital's officials, two sets of plans for modernized laundries were prepared by Hoffman laundry engineers. One, for a new laundry in the existing floor space; the other, for an enlarged laundry in a building extension. Either arrangement provided a laundry operation matched to the needs. However, recalling the painful experiences of their soon-too-small, old laundry, Children's Hospital decided on the building addition. Installation of Hoffman laundry equipment has resulted in a reduction in the laundry work week and linen supply balanced to today's needs — capable of expansion to tomorrow's growth.

Write for FREE SURVEY

Analyzes your laundry costs; surveys your linen requirements and suggests control schedules; furnishes new layout plans; recommends equipment to help you save floor space, time, labor, fuel, supplies and linen.

INSTITUTIONAL ... DIVISION

Hoffman

◀Book Reviews▶

PRINCIPLES OF HOSPITAL ADMINISTRATION. By John R. McGibony, M.D., Medical Director; Chief, Division of Medical and Hospital Resources, Bureau of Medical Services, U.S. Public Health Service. Pp. 500. Price $7.75. Published by McAinsh and Co. Ltd., Toronto.

Here is a book that can be read from cover to cover in minimum time for maximum information. By no means a complete work on the whole field of hospital administration, *Principles of Hospital Administration* nonetheless covers most of the sticky points which so frequently pose as problems for the student, administrator, and trustee.

Many sections are extremely brief and appear to represent the author's choice of the best single thought or solution for the given topic. However, Dr. McGibony is undoubtedly one of the few men with sufficient experience and ability to select authoritatively from the best current articles and texts and set down his thoughts in forthright, readable style. Although many sections are short, they are sound and, in 500 pages, the author is able to present a practical over-all picture of hospitals.

Not all the sections are short and the volume is particularly strong in the discussion of functional hospital organization and functional plans for hospital construction. In the section "Planning for Services" (to the hospital community), and "Planning for Operation" the need for integration of services in the hospital and on the community and state (provincial) level is clearly and logically stressed. These sections, along with one which presents fields for studies and research in hospital services and resources, represent an original approach that is particularly refreshing and instructive.

Dr. McGibony states that the purpose of the book is "to bring together much of the knowledge pertaining to hospitals and to make it available in compact form". He has accomplished just that with emphasis on some topics that are sketchily covered elsewhere. This book *can* be read to be appreciated and is recommended to all hospital people.—*A.L.S.*

Provincial Notes

(Concluded from page 70)

Middlesex will pay the same rate as Londoners until January 1st. The deferrment was granted to permit negotiations between the county and the hospital on proportionate sharing of hospital costs.

* * * *

MEAFORD. An "open house" was held in connection with the opening of the new Meaford General Hospital at the end of October. The 32-bed institution will fill a need in the town and township as the residents have been without hospital accommodation.

* * * *

OAKVILLE. The board of governors of the Oakville-Trafalgar Memorial Hospital has approved a recommendation of the management committee and medical advisory committee to change the layout of the hospital to provide an additional five-bed ward. The change involves altering the present general office and the superintendent's office into a five-bed ward. The general office will be moved to the present board room on the ground floor and the superintendent's office to the special nurses' room on the main floor. A new board room and a nurses' room will be accommodated in the unused area adjacent to the store room on the ground floor. Cost of the proposed changeover will be covered, in the main, by provincial and federal grants.

* * * *

OTTAWA. The city's board of control has approved a report from the board of trustees of the Ottawa Civic Hospital on the hospital's development plans which stated that no part of the $6,000,000 expansion program would be undertaken before the end of 1954 or without a plebiscite. The trustees informed the board of control that a $1,500,000 debenture, already approved by the city council, would be sufficient until December, 1954. The report calls for the use of the $1,500,000 debenture issue toward the following: (1) construction of a nursing education building; (2) relocation of admitting and emergency departments; (3) establishment of a psychiatric unit in the east wing of the hospital; and (4) provision of 100 to 150 additional active treatment beds.

* * * *

SARNIA. Hon. Mackinnon Phillips, M.D., laid the cornerstone for the new Sarnia General Hospital in October. The new building will replace the older hospital and will be connected to the present south wing. The bed capacity of the new hospital, including the south wing, will be 116 active treatment beds, 66 beds for long-term patients, and 50 nursery cubicles.

Quebec

MONTREAL. The cornerstone of the new wing to the Allan Memorial Institute of the Royal Victoria Hospital was laid in October. This marks the beginning of a building program at the hospital, which was made possible by its 1951 fund campaign. The institute's present bed capacity of 65 will be increased by 50 beds and additional facilities will be provided.

New Brunswick

MCADAM. A committee has been formed to investigate the possibility of constructing a hospital here. Proposed plans call for a one-storey unit, 70 by 33 feet, with a cement basement. The unit would have space for 10 beds and six bassinets.

* * * *

SAINT JOHN. The board of commissioners of the Saint John General Hospital have adopted a motion, on the recommendation of the finance committee, that the rates at the hospital will not be increased during 1953. It was hoped that some rates might be lowered. During October, the cornerstone of the hospital's new laboratory was laid.

* * * *

SUSSEX. Ward "D" at Kings County Memorial Hospital is being remodelled. Cost of the project will be about $12,000, with the federal and provincial governments contributing to the cost. When completed the ward will provide an additional five private rooms and one semi-private room, bringing the hospital's bed capacity to 57. A room for the hospital board will also be made available.

THE CANADIAN HOSPITAL

The Canadian Hospital is published monthly by the Canadian Hospital Council as its official journal devoted to the hospital field across Canada.

The subscription rate in Canada, U.S.A., and Gt. Britain is $3.00 per year. The rate for each additional subscription to hospitals or organizations having a regular subscription (and personal subscriptions for individuals directly associated with them) is $1.50 per year. The rate to other countries is $3.50 per year. Single copies, when available, are supplied at 50c each.

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Western Physician

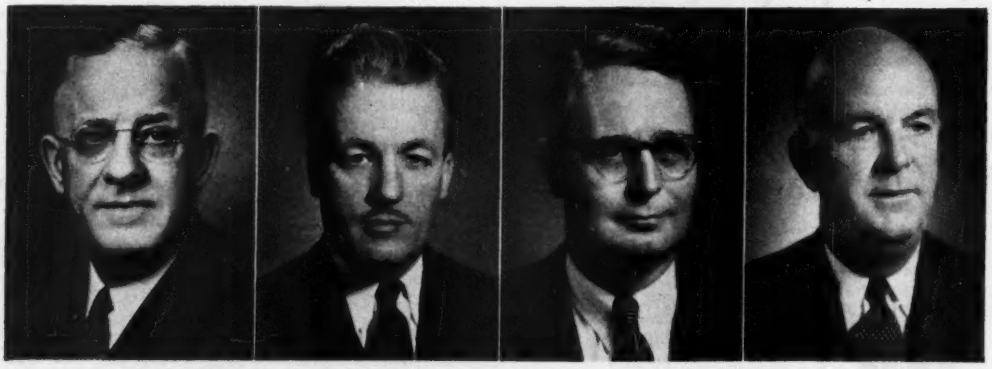
(Concluded from page 54)

a boisterous welcome at the family gate. The sound of ashes being knocked out of his pipe against the step railing heralds his return home after a strenuous day. An hour or so in his garden clears away the fatigue of a day spent in the consideration of the physical and mental maladjustments of his patients. Then comes the crowning recreation of the day, an hour or so in an easy chair either with a good book or a concert from the favourites of his music library, Bach, Beethoven or Mozart.

For his formal holiday he prefers hikes through the mountains, horseback rides through the foothills or just a mountain cabin holiday with his wife and the three children who will carry on the family traditions.

The University of Alberta has been particularly fortunate in its choice of chancellors in the past and Dr. Scarlett will be a worthy successor to a long line of eminent predecessors. In him we have an outstanding scholar, a soldier and an Irish-Canadian gentleman. Can one find higher qualifications than these?

JOHNSON & JOHNSON ANNOUNCE EXECUTIVE CHANGES



W. M. CAMPBELL | J. MACDONALD | J. A. GRIER | J. C. NELLES

At a recent meeting of the Board of Directors of Johnson & Johnson Limited, the following new appointments were announced:

W. M. Campbell elected Chairman of the Board; J. Macdonald elected President; J. A. Grier, Vice-President in Charge of Sales; J. C. Nelles, Vice-President in Charge of Hospital Division.

Other members of the Board of Directors are: G. Bertrand, Vice-President; R. I. Gnaedinger, Secretary-Treasurer; J. Barr, Director of Purchasing; A. R. Clapham, Director.

Administrative Post Desired

Administrative assistant, qualified, desires post in Canadian Hospital Administration. Thorough knowledge and experience of all branches of hospital finance, budgetary, and committee work. Previous appointment—administrative assistant for the Perthshire Mental Hospitals Group, Scotland. Age, 33. Apply Box 1261, The Canadian Hospital, 57 Bloor St. W., Toronto 5, Ont.

Lady Superintendent Wanted

Lady superintendent required for 79-bed hospital. Private two-room suite complete, in new modern residence. Ideal location. One month holiday after one year of service. Application with qualifications, references, age, and salary expected to be sent to Secretary, Kenora General Hospital, Kenora, Ontario.

Registered Records Librarian

McKellar General Hospital, Fort William, Ontario, requires the services of an Assistant Librarian; Entering into new Hospital of 435 beds. Excellent working conditions and remuneration. Apply to Superintendent.

Manitoba Hospital Convention

(Concluded from page 72)

current year, their executive secretary, Paul D. Shannon, C.A., would be leaving his position with the association. Many words of praise were heaped upon Mr. Shannon and many words of regret at his decision. In an inspiring reply, Paul Shannon pointed out that the strength of the Manitoba association lay in the interest and enthusiasm of the individual member hospitals, their trustees, and their staffs. While progress had been made, he suggested that much more remained to be done and expressed the hope that, in meeting the problems of tomorrow, the directors and staff of the Associated Hospitals of Manitoba would receive the support and inspiration in the future which had been accorded to the directors and himself in the past.—*Reported by Dr. A. L. Swanson and Murray W. Ross.*

New Officers

Past-president: Judge J. M. George, Morden.

President: John M. McIntyre, secretary-manager, Municipal Hospitals, Winnipeg.

1st Vice-president: A. K. McTaggart, administrator, Brandon General Hospital, Brandon.

2nd Vice-president: Gordon L. Pickering, business manager, St. Boniface Hospital, St. Boniface.

Treasurer: Frank H. Silversides, superintendent, Children's Hospital, Winnipeg.

Regional Delegates: John Gardner, Dauphin; Frank Foster, Brandon; A. H. McLean, Portage la Prairie; J. Reidiger, Morden; T. A. J. Cunnings, Winnipeg; and Sister Berthe Dorais, St. Boniface.

Board of Directors: Dr. Harry Coppinger, Winnipeg; R. J. Hood, Carberry; P. F. Barkman, Steinbach; Sister M. Honora, Winnipeg; and Mayor E. Evans, Souris.

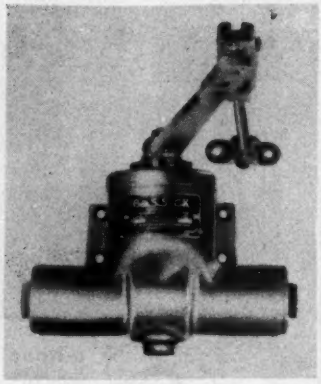
Can. Med. Record Librarians

(Concluded from page 56)

mondson, St. Joseph's Hospital, Hamilton.

Meeting of Ontario Association

A short business meeting of the Ontario Association of Medical Record Librarians was held on Wednesday morning. Frances Lindenfield, president of the Ontario association presided and the reports of the secretary and treasurer as well as reports of the regional meetings held during the year were read. New officers are: *president,* Margaret McLung, R.R.L., Victoria Hospital, London; *treasurer,* Margaret Wilson, R.R.L., Toronto General; *secretary,* Jean Webb, Imperial Oil, Toronto; and councillors representing each region.—*Jane McNally.*



New Furniture and Wall Covering

New upholstery coverings, in nubby and heavy tweed textures in a variety of attractive colours, have been developed by the "Fabrikoid" division of Canadian Industries Limited.

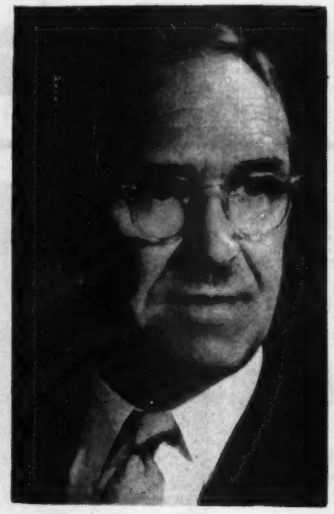
These consist of sateen and drill fabrics coated with vinyl plastic and embossed and printed to simulate in appearance modern cloth upholstery. They are available in 54-inch widths and in a Brittany grain and a Barony pattern.

The new textures are said to add depth and richness to a material ("Fabrilite" 6030 and 3023) already known for its long wearing and easy-to-clean qualities. This combination affords opportunity for new styling in seating and wall covering in reception rooms, dining rooms or elsewhere in the hospital and nurses' residence. The material is easy to clean with soap and water. After a thorough rinse its original lustre is restored by rubbing with a soft cloth. It withstands staining, is highly abrasion resistant and will stand thousands of flexings without deterioration.

* * *

Sales Manager of GM Diesel

Sales Manager of the Engine Sales Division of General Motors Diesel Limited, London, Ont., Mr. R. Gage joined General Motors at the zone office in London, Ont., in 1930, and in the intervening years has held varied engineering, service and sales assignments. He has been the District Service Manager at several points in Eastern Canada and for five years, during the Second World War, was in charge of engineering experimental work at General Motors Products of Canada, Oshawa. Afterwards, he joined the Sales Department as Truck Sales Engineer, and held that post until his transfer to the Diesel Engine Sales Division in 1946.



Mr. R. Gage

* * *

Bassick Announces New Door Closer

The Bassick Division of Stewart-Warner Corporation of Canada Limited, Belleville, Ontario, announces a Bassick Door Closer which incorporates the latest, most up-to-date features yet to be built into a door closer. The Bassick closer is a rack and pinion type, operating on two needle type roller bearnings for continuous anti-friction spindle alignment. The size of the closer embraces the two most popular sizes, C and D or 3 and 4, in closer. It will fit the mounting brackets for replacement on any "D" or "4" size closer. Saving in inventory alone is an important feature.

The arms and brackets of the new closer are all malleable iron for toughness with three point leverage for all door dimensions. Another important feature is the fact that the checking cylinder is much closer to the door, thus cutting down leverage and strain on the door. The piston and pinion are of high tensile material machined to very close tolerance for high compression and checking control. Steel ball valves allow free passage of Bassick's exclusive all-weather "Temprite" fluid which, by actual test, will flow freely at 70 degrees below zero.

* * *

Nursing Station Imprinter Saves Staffs' Time

No problem facing the country' hospitals is more urgent than the shortage of nursing help, yet time studies indicate that 90 per cent of a hospital's paperwork is being performed by the nursing department, and only 4 per cent by the accounting and business offices.

This conclusion, after nearly three years of research, was expressed by James F. Gates, director of the Hospital Methods Research Council of Cleveland, Ohio, at the recent American Hospital Association convention in Philadelphia, Pa. The methods expert's advice to hospitals is the same as that which business and industry have received from industrial engineers for many years — mechanize. In partial accomplishment of this aim, Mr. Gates recommends installation by hospitals of procedures to save more

Each patient has plate embossed with name, room number, and other necessary information. Machine has inbuilt rotary dater. To head up forms, nurses pick plates from visible desk file, insert in Addressograph-Multigraph Nursing Station Imprinter and write all needed information at one stroke. Transfer form shown being imprinted is a carbon set, which in one writing produces copies for admitting office, cashier, information center and for general record purposes.

than 60 hours of nursing time annually per bed.

The procedures involve installation of the recently developed and inexpensive Addressograph Nursing Station Imprinter. The manufacturer, Addressograph-Multigraph of Canada Ltd., Toronto, offers hospital administrators a free illustrated methods "package" detailing recommended procedures for admitting office, nursing station, service office and business office. A folder of excerpts from Mr. Gates' new book "Streamlining Hospital Paperwork" is also included.

* * * *

G. H. Wood Features Neoprene Floor Matting

G. H. Wood's "Traffic Master" is a Neoprene floor matting with a longer life span. It solves some of the worst problems of industrial safety, maintenance, installation, and floor matting costs. It is claimed that this matting has five times the durability of natural rubber and yet costs no more. The hardiness of this Neoprene matting come from its amazing resistance to grease, oil, heat and abrasion; its heat resistance is great enough to allow washing with live steam. The matting is not affected by sea air or sea water and is both non-porous and non-absorbent.

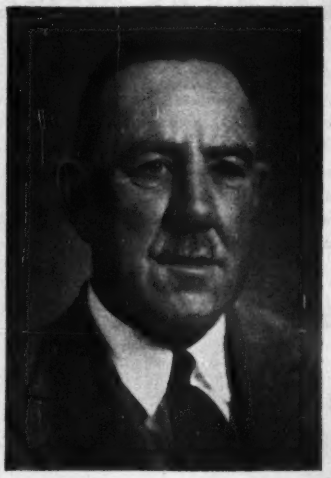
In addition to a remarkable sturdiness, "Traffic Master" is constructed for maximum under-foot safety, portability, flexibility and neatest appearance. Under-foot safety is assured by a rugged non-slip, non-trip surface corrugation and by flexibility which fits it to the contours of uneven flooring. Flexibility also lends itself to easy moving or cleaning, but flexibility in Neoprene will not result in swelling, curling or buckling.

* * * *

Obituaries

John L. Gilmour

Mr. John L. Gilmour, Chairman of the Board, Johnson & Johnson Limited, passed away on October 16th after a lengthy illness .



Born in 1891, the late Mr. Gilmour commenced his career with Johnson & Johnson in 1909. He successively held the posts of Assistant Secretary, Managing Director, Vice-President and President. In 1947 he was elected Chairman of the Board of Directors and held this position at the time of his death.

During World War I, Mr. Gilmour served overseas for three years as a Captain with the 47th Battalion, Canadian Expeditionary Forces.

Well known to the Canadian hospital profession over a long period of years, Mr. Gilmour's passing will be noted with regret by many friends and acquaintances from coast to coast.

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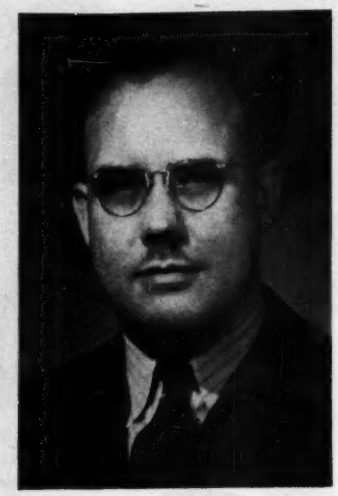
Roger James Frederick Goodwin

R. J. F. Goodwin, 48, General Sales Manager of Ingram & Bell Limited, died suddenly October 25th, 1952, at his home in Toronto. Mr. Goodwin



had a long and active career in the Canadian surgical and drug trade during which time he became a familiar figure to the majority of hospital executives and physicians from coast to coast.

Mr. Goodwin was born in Kaslo, B.C., and received his education in the Kaslo Public and High Schools. Following graduation he commenced his apprenticeship in a Kaslo pharmacy. Later he moved to Calgary to accept a position with the L. K. Liggett Drug Company. On November 1st, 1924, Mr. Goodwin joined the staff of the Calgary branch of Ingram & Bell Limited.

In 1928 Mr. Goodwin moved to Regina as Ingram & Bell's Professional Service Representative for the Province of Saskatchewan where he remained until June 1944, at which time he was transferred to the Toronto head office to become field sales supervisor. Mr. Goodwin occupied this position until March, 1948 at which time he became General Sales Manager.

* * * *

Frank G. Cunningham

The death of Frank G. Cunningham, on September 24th, came as a shock to his many friends and associates throughout Ontario. Although only in his early fifties at the time of his death, Mr. Cunningham was one of the first x-ray engineers in Ontario. In the 1920 period, while with the Burke Electric & X-Ray Co. Limited, he supervised many x-ray installations.

During the Second World War he was a Captain with the Central Medical Depot. Since then he continued his work in association with X-Ray & Radium Industries Ltd., Toronto. His widow and two children survive him.

Federal Grants

(Concluded from page 68)

will be conducted by a nurse instructress from the Maternity Centre Association, New York, and will be designed to acquaint nurses with newer procedures and techniques in the care of mothers and babies in hospitals. It will supplement a course in prenatal education given last April to a group of senior public health nurses and obstetrical supervisors from teaching hospitals.

Five bursaries for advanced training in public health have been awarded to residents of Nova Scotia and New Brunswick. A Haligonian will study physiotherapy at McGill University, Montreal, and a Sydney girl will study this subject at the University of Toronto. On their return they will work mainly with crippled children from the polio and orthopaedic clinics. The awards mark the beginning of a long-term program in Nova Scotia to train physiotherapists and occupational therapists to work in government hospitals throughout the province. Two women, one from Shelburne and one from Glace Bay, have received bursaries for the Canadian Hospital Council's extension course in hospital administration.

The New Brunswick bursary goes to a Sister from Bathurst for a course in medical social work at Laval University, Quebec. On completion of her course, the Sister will organize medical social work in the seven general hospitals and the two sanatoria operated by the Sisters of St. Joseph in New Brunswick.

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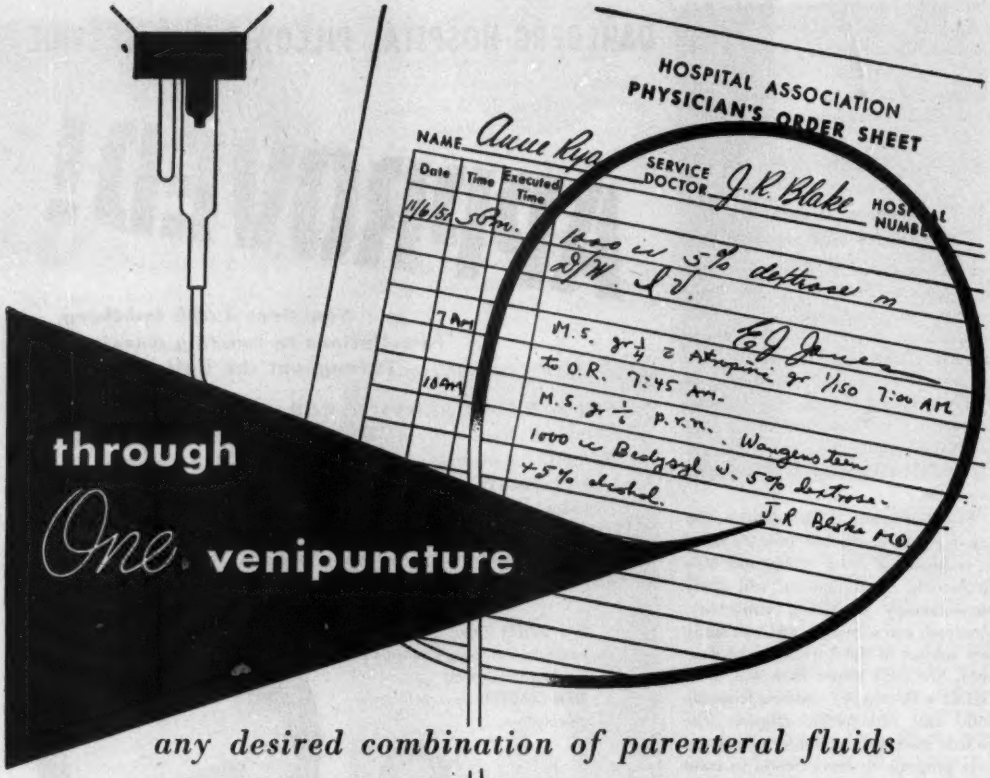

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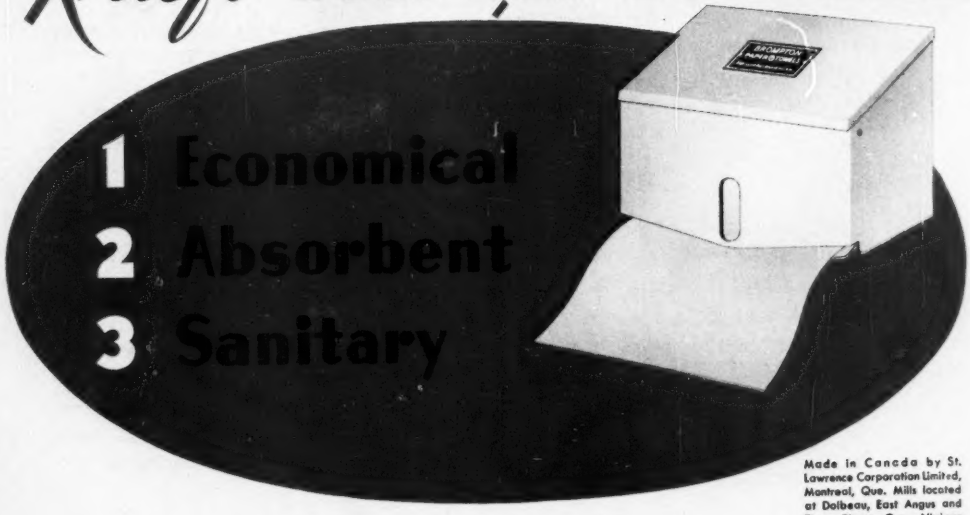

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